



American Cancer Society  
Relay For Life of Pottstown  
"Forget Me Not" Community Walk  
Caregiver Recognition Award  
Nomination Form

**To nominate a Caregiver, simply:**

1. In essay form, tell us in 500 words or less why your caregiver is deserving of this award.  
What is the caregiver's relationship to the person they are or were caring for?
2. Attach the Nomination Form as the cover page to your essay. In fairness to all Caregivers, the cover page will be removed when submitting entries for judging to the judging committee.

**3. Mail entries by April 30, 2009, to:**

Relay For Life of Pottstown  
Attn: Caregiver Award  
c/o The Mercury  
24 N Hanover St  
Pottstown, PA 19464

We will honor and offer our support to all Female Caregivers by inviting these individuals to our Community Walk on Saturday, May 9. The award ceremony will begin at 1:30 PM at Smith Plaza, Downtown Pottstown. The Female Winner of the first Caregiver Award will be announced at that time. On June 20 we will honor the Male Winner of our Caregiver Award at the conclusion of the Community Walk Father's Day weekend. For more information, please contact: Sharon Basile, RN at 610-326-9382, call the Relay Hotline at 610-327-6900 or email (shbasile@aol.com) Thank you!

**Caregiver Award Nomination Form  
(PLEASE PRINT)**

**I Am Nominating the Following Caregiver:**

Caregiver Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

(over)

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Caregiver to: \_\_\_\_\_

-Deceased       -Living

Cancer Type: \_\_\_\_\_

Relationship to this individual: \_\_\_\_\_

**Nominator's Information:**

Nominator's Name (Please Print):

\_\_\_\_\_

Your Relationship to the Caregiver:

\_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**WAIVER:** Each NOMINATOR/CAREGIVER **MUST** read and sign.

I \_\_\_\_\_, verify that \_\_\_\_\_  
(Nominator's Name) (Caregiver's Name)

is/was the caregiver to a loved one with cancer. I/we give full permission for photographs and articles from or about myself or this caregiver to be used by the Relay For Life of Pottstown or the American Cancer Society. This may include the newspaper, newsletter and internet.

X \_\_\_\_\_ X \_\_\_\_\_  
Nominator's Signature, Date Caregiver's signature, date

*Please attach this form and mail with your essay to:*  
Relay For Life of Pottstown  
Attn: Caregiver Award  
**c/o The Mercury**  
**24 N Hanover St**  
**Pottstown, PA 19464**

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