



Catholic Charities Indianapolis
2017 Spirit of Service Awards
Nomination Form
(Please complete as thoroughly as possible.)

Nominee's Name: _____

Nominee's Spouse Name: _____

Nominee's Current Address: _____

Nominee's Phone Numbers – Home: _____ Work: _____

Cell: _____

Nominee's Email address: _____

Nominee's Occupation: _____

Nominee's Place of Business: _____

Nominee's Church Affiliation: _____

Additional paper/supporting material may also be submitted but please limit to two additional pages.

Please briefly describe the nominee's distinguishing community service activities and accomplishments.

Please indicate how the nominee's work is consistent with the mission of Catholic Charities Indianapolis.

Your Name: _____

Your Address: _____

Your Telephone – Home or cell: _____ Work: _____

Your email address: _____

Please return by January 20, 2017, via email to vsperka@archindy.org or fax to 261-3375 (Attention Valerie Sperka). Thank you!