



Woman of Vision Award 2020 Nomination Form

NOMINEE INFORMATION

Name _____ Non-Profit
Organization _____

Address _____

Phone _____ Fax _____ Email _____

NOMINATOR INFORMATION (if same, leave blank)

Name _____
Organization/Company _____

Address _____

Phone _____ Fax _____ Email _____

Do you know a visionary Arizona woman?

Please describe the specific activities or projects through which your nominee has demonstrated vision. Please limit each response to 50 words. Please read all questions before completing the form.

1) Describe the nominee's **Vision** and how she made a difference in the lives of Arizona women.. Detail the non-profit she formed or joined and how it fills that need.

2) Define the origin of the nominee's idea, the challenges, obstacles or issues that brought her to action.

