



# Child Wellness Community Fund "If only I had a ..." Nomination Form

Return Form to:  
Child Wellness Community Fund  
PO Box 54478,  
Cincinnati, OH 45254  
or Fax to: 513.943.1904

or Email to:  
secondhome@childwellnessfair.com

www.childwellnessfair.com

We are accepting nominations for our Child Wellness Community Fund "If only I had a ..." program. This wonderful program comes to life by changing a life! Do you know someone who needs a vehicle to get their sick child to the doctor or hospital, do you know a mom with a special needs child that could use a lift to get their child from the bed to the wheel chair, do you know a non-profit organization that could use office equipment, do you know a community campaign that needs help in developing a solid marketing plan or reaching the media? These are just a few of the services/products we might be able to help with.

Help us help the community by nominating an individual or organization in need. Also please consider donating to our Community Fund to help make our programs stronger.

*Nominations are accepted on an on-going basis. Awards are given on the level of need and past history of giving back to the community. Nominations will be considered for a period of 12 months from the date received. Visit [www.childwellnessfair.com](http://www.childwellnessfair.com) for more information.*

## NOMINEE CONTACT INFORMATION:

Name: \_\_\_\_\_  
Organization (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (work) \_\_\_\_\_ (home): \_\_\_\_\_

## NOMINEE BIO INFORMATION

Summary of nominee's needs:  Vehicle  Medical Equipment  Services  Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary of nominee's situation (100 words or less):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary of nominee's past commitment and service to their community (100 words or less):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## NOMINATOR CONTACT INFORMATION

Name: \_\_\_\_\_ Organization (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relation to nominee: \_\_\_\_\_