

**ALCOHOL & ADDICTIONS RESOURCE CENTER  
MAKING A DIFFERENCE COMMUNITY SERVICE AWARD  
Nomination Form**

**NOMINEE**

Name	
Position/Title	
Organization/Company	
Phone	
Email	

**NOMINATOR**

Name	
Position/Title	
Organization/Company	
Phone	
Email	

**REASON FOR NOMINATION**

---

---

---

---

---

---

---

---

---

---

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

**REFERENCE (SOMEONE ELSE WHO WOULD SUPPORT THE NOMINATION)**

Name	
Phone	
Email	

**SUBMIT FORM TO: [aarc@aarcinfo.org](mailto:aarc@aarcinfo.org) or if you prefer, mail to AARC, 818 East Jefferson Boulevard, South Bend, IN 46617 or by fax 574.234.6025.  
 Questions.....call us at 574-234-6024**