Spirit of Giving, Inc.

Nomination Form

The Spirit of Giving was established as a not-for-profit charitable organization with its primary mission of aiding families within the City of Meriden who need a Helping Hand, and supporting families who have experienced a tragic loss. The committee accepts nominations throughout the year and interviews each family directly.

Determination of need includes but is not limited to: validation that the family is acting responsibly and legally within the community and that the adult(s) are taking care of the home and children to the best of their ability (i.e., medical care, education, etc.). Each family has the right to refuse any and all aid and assistance and all information contained on the nomination and gathered through the interview remains confidential.

Mail nomination to: Spirit of Giving, Attn. Louisa McLeish or Jacqualine Lopez c/o Hunter's Ambulance
450 West Main Street, Meriden, CT 06451
or via email to

Imcleish@huntersamb.com or jacqualinel@huntersamb.com

Name of Individual Submi	tting Nominatio	on:
Relationship to Nominee:		
Your Contact Info: PH: EMAIL:		l:
Adult Names of Family Be	ing Nominated:	:
First: English Speaking:YN	Last:	
English Speaking:YN		
First: English Speaking:YN	Last:	
English Speaking:YN		
Child(ren's) Names of Fan (list all names you are familia		<pre>inated necessary to list all family members if not known):</pre>
Name:		Gender:MF AGE: m/y
Name:		Gender: M F AGE: m/y
Name:		Gender:MF AGE: m/y
Name:		Gender:MF AGE: m/y
Residence Address of Family	:	APT/FLR:
Contact Phone Numbers: Name:		Phone:
Summary of Circumstances th	nat are the Basis f	for your Nomination: (attach additional page/info if necessary
Sammary of Circumstances to	iat are the basis i	tor your reminiation. (account additional page, into it necessary