

SECU Family House at UNC Hospitals Hall of Fame Nomination Form

The SECU Family House Hall of Fame recognizes men and women who have made substantial and sustained contributions to the House, either gifts of time, energy, or resources or all three. These people have left an enduring and meaningful legacy.

Full Name of Nominee: _____

History of the Nominee's involvement with Family House. If possible, include years, roles, and any other achievements recognized.

Why should this person be considered for the Hall of Fame?

Nominee's current involvement with the Family House community. _____

Additional comments:

NOMINATOR'S INFORMATION:

Name	
Address	
City, State, Zip	
Phone Number	
Email	

Nominator Signature _____ Date _____

When completed please mail/email this form to: Kelly Thompson, Executive Director
SECU Family House at UNC Hospitals
123 Old Mason Farm Road, NC 27517
jmcadams@secufamilyhouse.org

