

ILLINOIS VETERANS' BUSINESS APPRECIATION AWARD Nomination Form

Please read the Nomination Guidelines prior to completing this form. Please attach a written summary of the nominee's achievements following the guidelines.

Business or Organization Name _____ Date of Business License or 501 C3 status _____

Business Address, City & State, Zip Code _____

Telephone (work) _____ Business Email _____

Business or Organization Website _____

Nominator's Name _____ Affiliation to Nominee (Comrade, relative, etc.) _____

Nominator's Employment Information _____

Telephone (Work) _____ Email (Work) _____

I have read the nomination guidelines and attest that the above information is accurate and true. I also affirm, to the best of my knowledge that the nominee stated above is in good legal standing.

Signature of Nominator _____ Date: _____
(Required)

I have read the nomination guidelines and attest that the above information is accurate and true. If selected as a recipient of the Illinois Veterans' Business Appreciation Award, I agree to attend a public appearance with the Illinois Department of Veterans' Affairs; and, I agree to participate in all media and outreach efforts and activities.

Signature of Nominee _____ Date: _____
(Required)

SEND COMPLETED FORM TO:
IDVA.MEDIA@illinois.gov (email) or mail to:
Illinois Department of Veterans' Affairs
Attn: Illinois Veterans' Business Appreciation Award
69 West Washington, Ste 1620
Chicago, IL 60602

