



NATIONAL CONFERENCE 2017

# CHARITABLE NOMINATION FORM

SUBMISSION DEADLINE June 2, 2017



## Criteria & Guidelines:

- All forms must be received NO LATER THAN 11:59 p.m., CDT, June 2, 2017.
- The request must be submitted by an Active Consultant in good standing.
- The request must be in alignment with the Norwex Purpose and Core Values.
- The Norwex Home Office will evaluate each of the Nomination Forms and determine successful recipients.
- Norwex maintains final discretion for all allocation of funds.
- **Forms must be completed in full to be considered a valid submission.**
- Applicants are strongly encouraged to submit the website address, interviews, videos and/or photos of their nominated charity. These may be used in marketing materials, for Conference, etc.
- Include statement to allow release of rights to these materials to be used in Norwex materials.
- Please include details of your personal involvement in community services or charitable organizations. Although this is not a requirement for the selection process, we value your personal testimonials of how you are involved in giving back to your community.

**Mark your country and email this completed Nomination Form within the requested timeframe to the appropriate email address:**

- Canada – GivingBackCanada@Norwex.com**       **USA – GivingBackUS@Norwex.com**

## Nominee:

Organization/Cause: \_\_\_\_\_

Is this organization a tax-exempt nonprofit? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Organization Email/Website: \_\_\_\_\_

## Submitted by:

Full Name: \_\_\_\_\_ Consultant Number: \_\_\_\_\_

Team Members' names, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ Organization Email/Website: \_\_\_\_\_

**Forms must be completed in full to be considered a valid submission.**

The Consultant's relationship to the nominee, if any:

---

---

---

The reason why the Consultant believes this nominee would be a worthy recipient:

---

---

---

---

---

---

---

How the Consultant believes this contribution would further the Norwex Purpose and improve quality of life: *(Include additional pages if needed)*

---

---

---

---

---

---

---

Amount requested for charity: \_\_\_\_\_

I authorize Norwex to use my name, photograph, video, testimonial, personal story and/or likeness in any Company advertising or promotional materials, including use on the internet, and waive all claims for remuneration for such use.

\_\_\_\_\_  
Signature of Consultant

\_\_\_\_\_  
Date

