



## Distinguished Health Care Provider Award Nomination Form

Each year the Hamilton Memorial Hospital Foundation recognizes an individual (living or deceased) or group who has made an outstanding contribution to the health and welfare by working for better care, improved quality of life for patients, and/or for the advancement of public understanding and quality of healthcare in the communities Hamilton Memorial Hospital serves.

Nominations may be submitted by email to LHansen@hmmhospital.org, delivered to the hospital, or mailed to Hamilton Memorial Hospital Foundation, PO Box 429, McLeansboro, IL 62859.

**Completed nomination forms must be received by November 15, 2024.**

The award will be presented at the Annual Foundation Dinner on Saturday, November 23<sup>rd</sup>.

Nominee's Name \_\_\_\_\_

Years of Service \_\_\_\_\_

Nominator's Name \_\_\_\_\_ Address & Phone \_\_\_\_\_

*Please share why you are nominating this individual below. Additional pages may be added if additional space is required.*

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