

SPRINGFIELD & CENTRAL ILLINOIS AFRICAN AMERICAN HISTORY MUSEUM (AAHM)

Gala 2018 Honoree Nomination Form

Nominator

First Name: _____

Last Name: _____ Mr./Mrs.: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Mailing Address:

Nominee

First Name: _____

Last Name: _____ Mr./Mrs. _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Mailing Address:

