



P. O. Box 2909
Key West, FL 33045
On the Internet: www.KeyWestAIDS.org

NOMINATION FORM

You are encouraged to nominate names of people who have died of AIDS-related causes, and who showed their love of the Florida Keys by living, working or visiting here. Please print the person's name, **EXACTLY** as it is to be listed on the memorial. Your diligence in checking the name submitted for spelling and correctness will be appreciated. A middle initial is suggested. All upper case will be engraved.

Although there is no charge to submit a name, a minimum contribution of \$100 is suggested, which is the cost of engraving the name. New names will be engraved each year in December, and dedicated at a ceremony on World AIDS Day, December 1st.

If nominating more than one person, use a separate form for each individual.

Additional donations to the fund for maintenance of the Memorial are appreciated. Make your check payable to: Friends of the AIDS Memorial, Inc. Questions? Call Brooks at 305-294-4411.

All funds raised will be used for the Key West AIDS Memorial
Friends of the AIDS Memorial, Inc. is 501c3 recognized by the Internal Revenue Service

Your Name _____

Your Address _____

City/State/Zip _____

Your phone _____

EXACT nomination name _____

Approx. Death date _____

Your relationship to the deceased
(e.g., friend, son) _____

Amount enclosed (minimum contribution of \$100 suggested) _____