



PO Box 188
Key West, FL 33041
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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. Names are engraved in all upper case.

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, please 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 Jon Allen at 305-924-0219.

All funds raised will be used for the Key West AIDS Memorial

The Friends of the AIDS Memorial, Inc. is a 50(C)3 non-profit organization recognized by the Internal Revenue Service.

Your Name _____

Your Address _____

City/State/Zip _____

Your phone _____

Your email _____

EXACT nomination name _____

Approximate death date _____

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

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