Spirit of Giving, Inc.

Nomination Form

The Spirit of Giving was established as a not-for-profit charitable organization with its primary mission of aiding families within the City of Meriden who need a Helping Hand, and supporting families who have experienced a tragic loss. The committee accepts nominations throughout the year and interviews each family directly. Determination of need includes but is not limited to: validation that the family is acting responsibly and legally within the community and that the adult(s) are taking care of the home and children to the best of their ability (i.e., medical

Determination of need includes but is not limited to: validation that the family is acting responsibly and legally within the community and that the adult(s) are taking care of the home and children to the best of their ability (i.e., medical care, education, etc.). Each family has the right to refuse any and all aid and assistance and all information contained on the nomination and gathered through the interview remains confidential.

Mail nomination to: Spirit of Giving, Attn. Louisa McLeish or Nicole Vailonis c/o Hunter's Ambulance
450 West Main Street, Meriden, CT 06451
or via email to

Imcleish@huntersamb.com or nicolev@huntersamb.com

Name of Individual Subm	itting Nomin	nation:			
Relationship to Nominee:					
Your Contact Info: PH: EMAIL:		Cell:			
Adult Names of Family Be	ing Nominat	ed:			
First:	Last:				
First: English Speaking: OY ON					
First:	Last:				
First:					
Child(ren's) Names of Far (list all names you are famili			list all family	/ members if not	known):
Name:				Gender: QMQ	F AGE: m/y
Name:					
Name:				Gender: OM O	F AGE: m/y F AGE: m/y
Residence Address of Family	r:		APT	·/FLR:	_
Contact Phone Numbers: Nar	me:		Ph	one:	<u></u>
Summary of Circumstances t	hat are the Ba	sis for your Nom	nination: (atta	ach additional pag	e/info if necessary):
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