

## **Hannah Fuller-Pease Nomination Form**

**The HANNAH FULLER-PEASE AWARD** is presented to an individual at the Auxiliary Annual Meeting and Luncheon in June. The recipient of this recognition must be an Auxiliary Board OR General Auxiliary Member who consistently demonstrates steadfast involvement and support of the Mission of both St. Joseph's Health Hospital and the Auxiliary.

If you would like to nominate an individual for the **2024 Hannah Pease Award**, please complete the following form and either mail it to Ms. Suzanne Kondra, 4004 New Court Ave, Syracuse, New York, 13206 or email it to: [Suzanne@potter-perrone.com](mailto:Suzanne@potter-perrone.com) by **April, 30, 2024**.

**Your Name:** \_\_\_\_\_

**Your Address:** \_\_\_\_\_

\_\_\_\_\_

**Your Phone #:** \_\_\_\_\_

**Your E-mail:** \_\_\_\_\_

I would like to nominate the following Auxiliary Member for the Hannah Fuller Pease Auxiliary Award:

Name of Nominee: \_\_\_\_\_

Briefly Describe why you think this person deserves this recognition:

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