

**THE PINNACLE AWARD**  
**“INTENT TO NOMINATE” FORM**

1. Name of Intended Nominee: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company or Firm: \_\_\_\_\_  
Contact Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_  
Email address: \_\_\_\_\_

2. Name of Nominator: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_  
Email address: \_\_\_\_\_

3. Why is the nominee worthy of this award?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What Volunteer Service to non-profit boards and/or committees has the nominee performed to promote gifts through estate plans?  
\_\_\_\_\_  
\_\_\_\_\_

5. Other Contributions, activities, deeds and accomplishments that serve as an inspiration to others in the professional community:  
\_\_\_\_\_  
\_\_\_\_\_

6. How long has nominee been in professional practice in Indian River County?  
\_\_\_\_\_ Years

7. Is nominee Active, Retired, or Deceased? \_\_\_\_\_  
If retired, since what date? \_\_\_\_\_

8. Is nominee a person of high integrity who is respected by his/her professional peers?  
Yes      No

