



PO Box 188
Key West, FL 33040
KeyWestAIDSMemorial.org

NOMINATION FORM

We encourage you 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.

A minimum contribution of \$250 is suggested, which is the cost of engraving the name. New names will be engraved each year in November and dedicated at our annual ceremony on World AIDS Day, December 1st.

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

Donations exceeding the recommended minimum are utilized for ongoing maintenance and preservation of our sacred Memorial.

Please make your check payable to: **Friends of the AIDS Memorial, Inc.**

The Friends of the AIDS Memorial, Inc. is a 501(c)(3) non-profit organization recognized by the Internal Revenue Service. Donations are tax deductible to the full extent of current laws.

Your Name _____

Your Address _____

City/State/Zip _____

Your phone _____

Your email _____

EXACT nomination name _____

Approximate date of death _____

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

Amount enclosed (minimum of \$250 recommended) _____