

# Gerald Kirsh Humanitarian Awards Nomination Form

Please complete and submit your nomination form by September 19.

## Nominator Info

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relation to Nominee (i.e., patient, co-worker): \_\_\_\_\_

## Nominee Info

Full Name: \_\_\_\_\_ Title (i.e., Nurse, Volunteer, Oncologist): \_\_\_\_\_

Department: \_\_\_\_\_ Contact (i.e., email address, phone number): \_\_\_\_\_

**The following information is necessary for your nominee to be considered.  
Please answer the questions below to complete your nomination.**

1. May we let your nominee know that you have nominated them?

Yes  No

2. How did you hear about the Gerald Kirsh Award?

\_\_\_\_\_

3. Why should your nominee receive a Gerald Kirsh Humanitarian Award? Please share your story and any examples of how they've demonstrated the five core values (Compassion, Integrity, Safety, Stewardship and Teamwork).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** Any nominations submitted after the September 15 closing date will be included in the next cycle.

### Please mail this form to:

**The Princess Margaret Cancer Foundation** | Attn: The Gerald Kirsh Humanitarian Awards  
700 University Ave, 4th floor, Toronto, ON, M5G 1Z5