



April's Angels Nomination Form

Information on individual providing the nomination:

*Name _____ Date _____

*Address _____

*City _____ State _____ Zip _____

*Phone number _____

- information marked with * must be completed for application to be processed

Information on child to be nominated

Child's Name _____ Age _____ Sex _____

Parent or legal guardian's name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

To the best of your knowledge is this child a citizen of the United States? ___ yes ___ no

Thank you for your nomination. We will contact shortly to let you know we have received your request.

Mail nomination to :
April's Angels
102 S. Coslett Court
Cary, NC 27513