



NOMINATION FORM



BICOASTAL
MEDIA

Your contact information:

NAME:

EMAIL:

ADDRESS/CITY/STATE/ZIP:

PHONE:

BEST TIME TO REACH YOU:

Nominee Information:

NAME:

ADDRESS/CITY/STATE/ZIP:

PHONE:

DOES THE NOMINEE HAVE A VALID DRIVERS LICENSE?

NUMBER AND AGES OF CHILDREN:

HOW MANY RESIDE IN THEIR HOUSEHOLD:

EMPLOYERS OF ADULTS:

PERSONAL FAMILY STATUS SITUATION

Describe the circumstances in which this vehicle would positively affect the lives of the nominated family. Please limit to 500 words.

Any other information that might be helpful in selecting the family?

I have honestly answered all of the questions on this nomination form to the best of my knowledge. I also give permission for the appointed Wheels of Hope committee to verify all of the information I have supplied. X _____

If selected, the Nominee will provide a copy of their valid drivers license, proof of citizenship, and evidence that insurance will be secured.

Please send your completed form to Bicoastal Media, Wheels of Hope, 719 East 2nd Street, The Dalles, OR 97058. Must arrive no later than 7/25/2021.



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