Wisconsin Social Services Association

www.wssa.ws

WSSA

WSSA NOMINATION - FRIEND OF WSSA AWARD

NAME OF COUNTY/AGENCY/
ORGANIZATION: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

EMAIL: _____

WHY SHOULD THIS AGENCY/ORGANIZATION RECEIVE THIS AWARD?
(How they have demonstrated exceptional support of the goals and objectives of WSSA)

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NAME OF NOMINATOR: _____ DATE: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____