

## Nomination Form

## Sponsored by Geneva College at Center for Urban Biblical Ministry

Date	Your name					
	ity					
Your cell phone_						
Name of person y	ou are nominating					
Nominee's addre	ss: City			_ State	Zip	
Nominee's home	phone:					
Does this person	know you are nomi	inating them? _				
Your relationship	to the person you a	are nominating:				
Why do you belie	eve this person is w	orthy of the hon	or of Urban Her	·o?		

I certify that the information on the application is correct to the best of my knowledge.	
Your Signature	Date

Please return this application to: CUBM Urban Heroes Program, 7418 Penn Avenue, Pittsburgh, PA 15208 Or fax it to 412.731.4834.