

Gorgeous! Nomination Form



Fill out this nomination form to name your female friend or family member for consideration of a Hello Gorgeous session. They must be a cancer patient or cancer survivor, and in nominating them you volunteer to act as a contact person between them and Hello Gorgeous!

This session is comprised of several cosmetic and beauty treatments, a makeup application and specific beauty techniques performed by our Facilitator in a mobile Day Spa or salon environment, whichever is currently available. Please do not nominate any individual that have or may have an aversion to such attention or services being done to them. Mail completed form to: Hello Gorgeous! of HOPE, Inc 1130 Altgeld Street, South Bend, IN 46614 or fax to: 574-234-3074.

Contact's Name (as you wish listed): _____
Address: _____
City, State, ZIP Code: _____
Phone Number: _____
E-Mail Address: _____
Relation to Gorgeous! Nominee: _____

Gorgeous! Nominee's Name: _____
Address: _____
City, State, ZIP: _____ Phone: _____
Age: _____ Race: _____ Type of Cancer: _____

Are they currently undergoing treatment? YES or NO
If YES, what treatments are they undergoing? _____

Why do you feel that this woman should be nominated and how would our services benefit her?
(Continue on additional sheets of paper if necessary)

Filling out this form does not guarantee that Hello Gorgeous! will be able to give services to your nominee. Each form will be voted upon by our elective panel based on merit, need and availability. Our goal is to generate the finances and resources in the future to serve every nominee. To that end, we ask that you keep Hello Gorgeous! in your hearts and prayers, and tell our mission to everyone you know that would have an interest in our cause. Thank you and God Bless.