Friend of 4-H Nomination

Due to the Extension Office October 1

712 West Main, Suite 110, Lewistown, MT 59457

Year _____

This nominee is

____ Business ____ Family ____ Individual

Support was provided to

____ 4-H Club ____ You as a 4-H Member/Leader _____ 4-H Event/Activity

Nominees Name _____

Complete Mailing Address _____

City _____ State _____ Zip _____

Phone _____

Please describe the help/support this nominee provided

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Person making the nomination is ___ Member ____Leader ____Parent

Signature _____ Phone _____