



Gerald Kirsh Humanitarian Awards Nomination Form

Please complete and submit your nomination form by September 15.

Nominator Info

Full Name: _____ Email address: _____

Relation to Nominee (i.e., patient, co-worker): _____

Nominee Info

Full Name: _____ Title (i.e., Nurse, Volunteer, Oncologist): _____

Department: _____ Contact (i.e., email address, phone number): _____

**The following information is necessary for your nominee to be considered.
Please answer the questions below to complete your nomination.**

1. May we let your nominee know that you have nominated them?

☐ Yes ☐ No

2. How did you hear about the Gerald Kirsh Humanitarian Award?

3. Why should your nominee receive a Gerald Kirsh Humanitarian Award? Please share your story and any examples of how they've demonstrated the five core values (Compassion, Integrity, Safety, Stewardship and Teamwork):

Note: any nominations submitted after the September 15 closing date will be included in the next cycle.

Please mail this form to:

The Princess Margaret Cancer Foundation | Attn: The Gerald Kirsh Humanitarian Awards
700 University Ave, 4th floor, Toronto, ON, M5G 1Z5