

Friends of Doernbecher Board Nomination Form

Name of candidate: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail: _____

Spouse Name: _____

Name of sponsor making nomination: _____

Phone number of sponsor: _____

Is it OK to contact this person directly (please indicate yes or no)? Yes NO

Occupational field of candidate:

Volunteer service history of candidate:

What will this nominee bring to the Friends Board?

Does nominee have any personal experience with Doernbecher?

Personal Recommendations (Optional):

Please return to: Carolanne Wipfli
Fax: 503-294-7101 or email: wipfli@ohsu.edu; Questions? Call Carolanne at 503-220-8341



Friends of Doernbecher
at Oregon Health & Science University