



NOMINATION FORM

Nominator Information

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Nominee Information

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Please explain on the next page why your nominee should be the 2026 Fischer-Smith Legacy Award recipient based on the topics below. All submitted nominations must include a nominee narrative and one letter of support, authored by someone other than the nominator. You may attach additional information or supporting documents if desired.

- How long has this nominee served in the local community? How many people have been impacted through the generosity of your nominee? In what way?
- Summarize your nominee’s story as a philanthropist. Include how she/he demonstrates her/his care about the Wiregrass community through giving. Provide examples of specific contributions.
- Describe how this person’s giving has directly benefited the lives of area residents.
- How does this nominee set an example for us all? Give specific examples of how your nominee’s actions encourage/ motivate others to be philanthropic.

Return this form, your nominee narrative, and all supporting materials no later than 5 pm on November 30th to the Southeast Health Foundation, 1922 Fairview Ave., Dothan, AL 36301 OR sehealthfoundation@southeasthealth.org .

Southeast Health Foundation
1922 Fairview Avenue
Dothan, Alabama 36301
334.673.4150

