



**Association of American Cancer Institutes
Champion for Cures Award Nomination Form**

Name of Nominee: _____

Name of AACI Member Center: _____

Name of Cancer Center Director: _____

Preferred e-mail: _____

Preferred phone: _____

Describe how the nominee's gift will have an impact on cancer research, patient care, or the community (limit 500 words).

Describe how the nominee's gift serves as a catalyst for lasting change at the cancer center (limit 500 words).

Describe how the nominee's gift is visionary and serves to inspire others (limit 500 words).