2021 WALWORTH COUNTY FRIEND OF 4-H AWARD NOMINATION

Nomi	nee Name (ind	ividual/s or orga	anization):			
Maili	ng Address:	Street:				
		City:		State:	Zip:	
Telep	hone: ()		_			
Profe	ssional Title: _					
Profe	ssion/Employe	r:				
possii		vide a picture of		ions. Attach addit hard copy or digito		
1.			•	nancial, advisory, le a county, multi-cou	_	•
2.	Describe the s	significance, and	I frequency of co	ontributions to cou	nty, multi-cour	ity and/or

3.	deem appropriate.
Name	of person making nomination:
	Project, or Activity:
Date:	

Due on or before September 27, 2021 in the Extension Office, POB 1001, 100 W Walworth Street, Elkhorn, WI 53121 or email to deborah.harris@wisc.edu.

