2024 WALWORTH COUNTY FRIEND OF 4-H AWARD NOMINATION

Nomi	inee Name (ind	ividual/s or or	rganization):			_
Maili	ng Address:	Street:				
		City:		State:	Zip:	
Telep	ohone: ()					
Profe	essional Title: _					
Profe	ession/Employe	r:				
possi		vide a picture d		estions. Attach addit n (hard copy or digite		
1.			•	financial, advisory, le t a county, multi-cou	-	•
2.	Describe the s	significance, a	nd frequency of	contributions to cou	nty, multi-count	y and/or

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

Due on or before September 23, 2024 in the Extension Office, POB 1001, 100 W Walworth Street, Elkhorn, WI 53121 or email to deborah.harris@wisc.edu.

