



AMERICAN BAPTIST CHURCHES OF THE SOUTH

ABWOTS Silver+ Recognition



CRITERIA: Nominees must have been involved in church ministries, ABCOTS, and or has supported ABCOTS or ABWOTS ministry objectives for 25 or more years.

I hereby nominate the following woman to be recognized as an "ABWOTS Silver+ Recognition" Honoree:

NAME OF NOMINEE

TITLE

Print FIRST NAME

Print LAST NAME

ADDRESS

E-MAIL ADDRESS

CITY

STATE

ZIP CODE

CHURCH INFORMATION

CHURCH NAME / ORGANIZATION TITLE

ABCOTS AREA

CITY

STATE

ZIP CODE

PASTOR

TELEPHONE

E-MAIL ADDRESS

NOMINEE CHURCH INVOLVEMENT (Be specific)

NOMINEE ABCOTS or ABWOTS INVOLVEMENT (Be specific)

I certify that the information provided in this form is correct to the best of my knowledge and is made in good faith. I also certify that this nomination meets the eligibility criteria.

Nominator's Name: _____ Home or Cell Number: _____
Please Print

Pastor's Signature: _____ Date: _____

NOMINATION DEADLINE: March 15, 2019

MAIL TO:

ABWOTS President
Mrs. Patrecia L. Williams
7961 NW 21st Street
Sunrise, FL 33322

Dr. James M. Harrison, Executive Minister
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