

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:

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TITLE Print FIRST NAME	Print LAST NAM	TE Control of the con
ADDRESS	E-MAIL ADDRESS	
CITY	STATE	ZIP CODE
HURCH INFORMATION		
CHURCH NAME / ORGANIZATION TITLE		ABCOTS AREA
CITY	STATE	ZIP CODE
	SIAIL	Zir CODE
PASTOR	TELEPHONE	E-MAIL ADDRESS
NOMINEE CHURCH INVOLVEMEN	NT (Be specific)	
NOMINEE ABCOTS or ABWOTS II	NVOLVEMENT (Be specific)	
TOTALIZE ADOOTS OF ADVIOUS II	teres (Be specific)	
ertify that the information provided in	this form is correct to the best o	f my knowledge and is made in good faith. I also
tify that this nomination meets the elig		, m, monteage and is made in good failing a disc
njy mai mis nominanon meets me eng	ibility Criteria.	
minator's Name:		Home or Cell Number:
minator's Name:	Please Print	
tor's Signature:		Date:
<u> </u>		
NO	OMINATION DEADLINE: Mar	ch 13, 2020
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MAIL TO:	ABWOTS President	
	Mrs. Patrecia L. Willian	ms
	7961 NW 21st Street	
	Sunrise, FL 33322	

Dr. James M. Harrison, Executive Minister
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