



Charles W. Jeffries Memorial Award for Exemplary Volunteers

VOLUNTEER AWARD NOMINATION FORM ▼

Name of volunteer: _____

How long he/she has been volunteering with CDS: _____

What he/she brings to CDS: _____

Why he/she should be considered for the Charles W. Jeffries Memorial Award:

If additional space is needed, please continue on reverse side.

Please return completed form to:

Communications/Community Relations Dept., Carolina Donor Services,
3622 Lyckan Parkway, Suite 6002, Durham, NC 27707 or fax to 919-493-5112.