



United
Methodist
Women
FAITH • HOPE • LOVE IN ACTION

**UNITED METHODIST WOMEN
WESTERN NORTH CAROLINA CONFERENCE**

Date: _____

RECOMMENDATION TO THE **DISTRICT** COMMITTEE ON NOMINATIONS

I recommend:

Name: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Age: ____ 20's ____ 30's ____ 40's ____ 50's ____ 60's ____ 70+

Race/Ethnicity _____ Employed: ____ Yes ____ No

Why I think you should consider this person (attach extra sheet if necessary):

District UMW Position(s) I would recommend this person for:

Signed: _____

Address: _____ Telephone #: _____

Return to: _____ (Your district Committee on Nominations Chairperson)

