

I WOULD LIKE TO APPLY/NOMINATE THE FOLLOWING TO BE HONORED AS ONE OF TWIN CITIES FINEST: (PLEASE USE ADDITIONAL PAPER AS NEEDED)

Name	
Address	
Work Phone	Cell Phone
E-mail address	
Age as of August 1, 2013	
Job Title & Company	
Does your company offer a matching gift program?	
Education (Degrees received and names of schools.	):
Do you have a connection with Cystic Fibrosis or the	he Cystic Fibrosis Foundation?
Where did you grow up?	
What professional organizations are you affiliated	with?

Explain your involvement with loca	al charities	
What accomplishment are you mos	st proud of?	
What is your favorite thing about o	our city?	
Why would you be a good represen	ntation of Twin Cities Finest?	
If nominated by someone other tha	n self (include name and phone number): _	
PLEASE MAIL OR EMAIL TO:	Matthew Ling Development Director CYSTIC FIBROSIS FOUNDATION 8011 34 <sup>th</sup> Ave. S. Suite 116 Bloomington, MN 55425 Phone: (651) 631-3290	CYSTIC FIBROSIS

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All proceeds raised by Twin Cities Finest benefit the Cystic Fibrosis Foundation.

ADDING TOMORROWS