Sheep River HEALTH TRUST

The 2025 Avenue of Trees – Nomination Form

Do you know a Person/Family in need of a Christmas Tree this season?

Nominator's name: _____

Nominator's email address: _____

Nominator's phone number: _____

Nominator's relationship to family: _____

Does the family know they are being nominated? ☐ Yes ☐ No *(please advise them if they do not know)*

Nominated family's last name: _____

Does the family have children: ☐ Yes ☐ No

Number of children and their ages: _____

Family's physical address: _____

Style of home (i.e. apartment, basement suite, house, etc.): _____

Family's email address: _____

Family phone number: _____

Please provide a brief description as to why you are nominating this family for a tree:

_____

_____

_____

_____

_____

If this person/family is chosen to receive a tree,
the tree will be delivered on December 17. Time to be confirmed.
There must be someone home to accept tree delivery.

Email your completed nomination form by Dec. 12 to
sheepriver.healthtrust@ahs.ca