

*The 2024 Avenue of Trees – Nomination Form*

*Do you know a Person/Family who needs 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:

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*If this person/family is chosen to receive a tree,  
the tree will be delivered on December 18. Time to be confirmed.  
There must be someone home to accept tree delivery.*

*Email your completed nomination form by Dec. 13 to  
[sheepriver.healthtrust@ahs.ca](mailto:sheepriver.healthtrust@ahs.ca)*