



## The B.E. Resilient Foundation — Nomination Form

*When strength takes root, kindness takes hold.*

Thank you for helping us support individuals navigating cancer. The B.E. Resilient Foundation offers Brooke Boxes at no cost to cancer patients, made possible entirely through community donations.

Please complete this form in full. Either an email address or phone number is required so we may follow up.

### Residency Requirement

**Nominees must live within Spokane (WA) or the greater Inland Northwest, including nearby northern Idaho communities such as Coeur d'Alene, Post Falls, Hayden, and surrounding areas.**

### Nominee Information

Nominee Full Name (required):

Age (optional):

City / State (required):

Email (required unless phone provided):

Phone Number (required unless email provided):

Relationship to Nominator:

*Note: Please provide at least one reliable contact method for the nominee (email or phone).*

### Nominator Information

Your Full Name (required):

Your Email (required):

Your Phone Number (required):

How do you know the nominee?:

Length of time you have known them:



*Every act of giving helps resilience take root in our community.*



## Nominee's Story & Acknowledgements

### Nominee's Story

Please share about the nominee's current experience with cancer. This does not need to be polished or extraordinary — we are simply seeking to understand who they are and what they are carrying.

### Important Acknowledgements

- I personally know the nominee and have firsthand knowledge of their situation.**
- I have permission to share the nominee's contact information and understand the Foundation may reach out directly.**
- I understand that personal information submitted through this form will be handled in accordance with the Foundation's Privacy Policy.**
- I understand that businesses, organizations, and groups are not eligible.**
- I understand that support is dependent on available funding and that not all nominations can be fulfilled immediately.**

Signature:

Date:



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