

OPW Women's Retreat Sock Auction BENEFICIARY NOMINATION

To ensure timely payment to the chosen beneficiary, please provide their contact and payment information for the organization or cause that you are nominating. You may also include additional information to aid our group in making the decision of which nominee(s) to select. Thanks for your cooperation!

NOMINEE:

Contact name:

Contact phone:

Check made payable to:

Payment mailing address:

Additional information you'd like to share about this nominee (optional):
