

City of Coral Gables and Coral Gables Chamber of Commerce

Random Acts of Kindness

N O M I N A T I O N F O R M

N O M I N A T O R

Name

Street Address

City, State, Zip

Email

Telephone(s)

N O M I N E E (Individual OR Organization / Group)

Individual:

Name

Street Address

City, State, Zip

Email

Telephone(s)

Or Organization / Group:

Name

Street Address

City, State, Zip

Email

Telephone(s)



*“No act
of kindness,
however small,
is ever
wasted.”*

Aesop

On page 2, provide a brief summary of why you feel the nominee is deserving of a “Random Act of Kindness” Award. Describe the kind, spontaneous and selfless act they performed, to whom and when.

Return this nomination form to: City of Coral Gables
Office of Public Affairs,
405 Biltmore Way
Coral Gables, FL 33134

or email it to e-news@coralgables.com.

