



## Spa Day Nomination Form

[www.karenwellingtonfoundation.org/spa-day-nomination](http://www.karenwellingtonfoundation.org/spa-day-nomination)

Date: \_\_\_\_\_

How did you hear about The Karen Wellington Foundation? Name of person or source: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your relationship to Nominee: \_\_\_\_\_

I would like to nominate ~ Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Occupation: \_\_\_\_\_

When diagnosed: \_\_\_\_\_ Stage of Breast Cancer: \_\_\_\_\_

Brief Medical journey: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Team - Primary Hospital: \_\_\_\_\_

Oncologist: \_\_\_\_\_ Address: \_\_\_\_\_

Surgeon: \_\_\_\_\_ Address: \_\_\_\_\_

What inspired your Nomination and how do you feel Nominee would benefit from a Spa Day from  
The Karen Wellington Foundation for LIVING with Breast Cancer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return to:** Kim Ciesick

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MAIL: Kim Ciesick, 6767 Maddux Drive, Cincinnati, OH 45230