

THE CHRONIC PAIN SUPPORT GROUP, INC.

2021 ANNUAL OVER-COMER'S AWARDS NOMINATION FORM

NOMINEE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE () _____

I am nominating the individual listed above as a 2021 Over-comer, in the category of: []

1. Over-comer of "Physical challenges," (physical handicap, scars, sickness or pain).
2. Over-comer of "Mental challenges," (mental pain, [brain tumor], handicap, or setback i.e. chemotherapy, radiation, etc.)
3. Over-comer of "Emotional challenges," (emotional pain, after a loss or great disappointment, i.e. disability, loss of employment, physical death [accident related]).
4. "Life-Time Achievement Award," (presented to an individual who remains a productive and contributing member within the community, even when that same community has often disenfranchised, criticized and isolated them. Yet they still live life to the fullest).
5. "Over-comer of the Year," awarded to the individual who overcame mental, physical and emotional challenges combined and remained a productive and contributing member of the community during 2020-2021.

Please tell why you are nominating this individual. (use the back if necessary)

Your Name _____

Your Address _____ City _____ State _____ Zip _____

Your Telephone Number () _____