



# WOMEN of DISTINCTION

2021

## You are Invited

to nominate a woman you know who is contributing to our quality of life.

Assemblyman Dave McDonough  
404 Bedford Ave.  
Bellmore, NY 11710

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Albany, NY  
Permit No. 75



Assemblyman  
**DAVE McDONOUGH**

## Join Assemblyman Dave McDonough

in recognizing the contributions of the outstanding women in our community. Inside, nominate a woman you know by **Friday, July 2nd** for this special recognition!

The formal ceremony will be held in October.

*PLEASE NOTE: Depending on COVID-19 restrictions, the date is subject to change and the ceremony may be held virtually.*



# WOMEN of DISTINCTION

2021



Assemblyman  
**DAVE McDONOUGH**

Assemblyman  
Dave McDonough's  
**WOMEN OF  
DISTINCTION  
AWARD  
CEREMONY**

Please return this form to:  
Assemblyman Dave McDonough  
404 Bedford Ave.  
Bellmore, NY 11710

Nominations must be  
submitted on or before  
**Friday, July 2nd!**

For more information or questions  
concerning state government,  
please contact Assemblyman  
Dave McDonough's District Office:  
404 Bedford Ave.  
Bellmore, NY 11710  
516-409-2070  
mcdonoughd@nyassembly.gov



Assemblyman  
**DAVE McDONOUGH**



**WOMEN of  
DISTINCTION** 2021

**\*\*\* NOMINEE MUST BE A RESIDENT OF THE 14TH ASSEMBLY DISTRICT \*\*\***

Name of Nominee: \_\_\_\_\_

Address of Nominee: \_\_\_\_\_  
\_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email of Nominee: \_\_\_\_\_

I wish to nominate the above-named woman for Assemblyman  
Dave McDonough's WOMEN OF DISTINCTION award in the  
following category (please circle the appropriate category):

Business

Community/Civic Affairs

Education

Health Care

Humanitarian

Government

Military Affairs

Volunteer

Other \_\_\_\_\_

In the space below, please type or print a description of the  
nominee and her contribution. Feel free to attach additional sheets  
if necessary.

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

Name of Nominating Individual: \_\_\_\_\_

Address of Nominating Individual: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email of Nominating Individual: \_\_\_\_\_

I would like my information to be kept confidential from the nominee.