

RUSH ASSOCIATES BOARD NOMINATION FORM

PROPOSER _____

PROPOSER PHONE _____

CANDIDATE NAME _____

CANDIDATE CONTACT INFORMATION

HOME ADDRESS _____

COMPANY NAME _____

BUSINESS ADDRESS _____

PHONE (H) _____ (O) _____ (CELL) _____

E-MAIL _____

CANDIDATE OCCUPATION/TITLE _____

WHAT IS YOUR RELATIONSHIP TO THE CANDIDATE? _____

DOES THE CANDIDATE HAVE ANY CURRENT TIES TO RUSH? _____

PLEASE RETURN THIS FORM TO:

Jennifer Drackley
Office of Philanthropy
Rush University Medical Center
1700 W. Van Buren St., Suite 250
Chicago, IL 60612

Phone (312) 642-6884
Fax (312) 942-5581
Jennifer_Drackley@rush.edu

