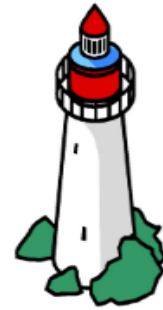


# 11th Annual BEACON AWARDS



Recognizing the volunteer efforts of our local people and organizations.

## Call for Nominations

The Lower Umpqua Hospital Foundation is in its eleventh year of recognizing the voluntary efforts of our local people and organizations who work diligently to improve the health, wellness and safety within our community. Help us celebrate those who give so much by nominating them for this prestigious award. **We are now accepting nominations for the 11th Annual Beacon Award.** Both individuals and groups are eligible for recognition.

Each year, we recognize one group and one individual who go above and beyond the call of duty to volunteer their time. **Nominations must be received by Tuesday, March 31st.**

- The person or group to be recognized must try to improve the health, wellness, or safety of residents in coastal Douglas County (the Lower Umpqua Hospital District) outside their scope of employment.
- The benefits can be for the community in general or a specific group.
- **Nominations are due by Tuesday, March 31, 2020.** Several ways to submit your nomination:  
**Mail:** Beacon Award c/o Lower Umpqua Hospital Foundation  
600 Ranch Road  
Reedsport, OR 97467  
**Drop-off:** Leave at the reception desk at Lower Umpqua Hospital  
**E-mail:** [info@luhonline.com](mailto:info@luhonline.com)
- A presentation of the Beacon Award will be made during Hospital Week on Friday, May 15, 2020 at a reception to recognize all of the nominees.
- Recipients will be able to identify a local charitable program to receive a \$100 award in their name from the Foundation.

### Please submit a letter with the details below:

- The name, address & phone number of the individual or group to be recognized
- An explanation of what this person or this group has done to improve the health or safety status of people in our community.
- The role of this person or group in the effort.
- Specifically what group has been served.
- How health/wellness/safety status of that group has improved.
- How long or often this effort has been made.
- Other pertinent details.
- Name and contact information of the person making the nomination in the event additional information is needed.

Turn page for nomination form. The form can also be found on the hospital's website at:

**[www.lowerumpquahospital.org](http://www.lowerumpquahospital.org)**

For additional information, please call Rosa Solano, Public Relations at 541-271-6336

# 11th Annual BEACON AWARDS



**Recognizing the volunteer efforts of our local people and organizations.**

The Beacon Awards are in recognition of an individual and a group who volunteer their time to improve the health, wellness, or safety of the residents in Coastal Douglas County outside their scope of employment.

**Requirements** - Letters of nomination should include an explanation of what was done to improve the health, wellness, or safety of the community, what part of the community was served, with what result, and any other pertinent details.

- One individual and one group will be recognized.
- Each recipient will be able to identify a charitable group located within the boundary of the Lower Umpqua Hospital District to receive a \$100 donation from the LUH Foundation in his/her name.

**Nominations** - Due by Tuesday, March 31, 2020. Please submit all nominations to the Lower Umpqua Hospital Foundation, Attn: Public Relations, 600 Ranch Road, Reedsport, OR 97467 or [info@luhonline.com](mailto:info@luhonline.com). For questions call 541-271-6336. All nominations will be presented to the LUH Foundation Board on April 8, 2020.

**Reception** - Friday, May 15, 2020 at 5:30pm – Lower Umpqua Hospital – Main Lobby

- All nominees will be recognized.
- One individual and one group will receive an award and recipient's name will be placed on the Beacon Award plaque in the main lobby of the hospital.

Nominating:            Individual             Group

|   |  |
|---|--|
| Name of individual or group   |  |
| Nominee contact information (phone and address)   |  |
| Explanation of why individual or group deserves the award.<br>Please use additional sheet of paper if more space is needed. |  |
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| Nominator name, number and address  |  |
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