

South Carolina Planning Giving Council

Board of Directors' Nominating Form

*To be completed by the individual making the nomination
Please print or type information and complete both pages*

Nominee's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Telephone: _____ Work Telephone: _____

Mobile/Cell Telephone: _____ FAX: _____

E-mail address: _____

Areas of Expertise/Skills/Knowledge:

Board or other Non-Profit Related Experience:

What strengths and/or resources do you believe this individual brings to SCPGC?

What is your relationship/affiliation to the Nominee?

Additional Comments:

South Carolina Planned Giving Council

Board Nomination Form

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Has this individual been contacted and/or expressed interest in SCPGC? ___Y ___ N

*Is the individual a member of SCPGC? ___Y ___ N ___ Not Sure

**SCPGC membership required to be a board member and this must be confirmed by the nominator prior to submitting the nomination form.*

What Board Committee (Communications, Membership, Programs or Governance) would this individual be interested in serving on?

Please attach resume and/or any other relevant information to this nominating form.

Nominator's Signature: _____

Nominator's Contact Number: _____

Return to Beth Wingard, President-Elect / Vice President for Governance:

Beth Wingard | Senior Major Gifts Officer
Lexington Medical Center Foundation
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