



**ISU Foundation Board of Directors
NOMINATION FORM**

Nominee's Name: _____

HOME	BUSINESS
Street Address	Company Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Phone	Phone
<input type="checkbox"/> Prefer Not to Answer	
***Nationality/Ethnic Background	Position(s) Held

Activities while attending ISU:
Demonstrated Support of ISU and Relevant Biographical Information:
Record of service to the University or other Non-Profits:
Potential for support ISU and the ISU Foundation:

***Does the nominee meet the minimum \$3,000 giving level?**

Yes: No: Unknown:

Submitted by: _____ **Phone:** _____ ****Date:** _____

*On January 20, 2017, the ISU Foundation Board of Directors approved a minimum \$3,000 annual giving level to qualify for nomination to the Board of Directors.

**Nominations expire three (3) years from date of nomination.

***The ISU Foundation Board strives to reflect the demographics of the University as a whole. As such, it is the Board's desire to ensure geographic, ethnic, racial and gender diversity within its membership.