



*2008 Distinguished Philanthropist Award  
Notes about Nominations*

1. Nominations should be submitted to:  
  
Patti Dalen Leisinger  
Executive Director  
Regions Hospital Foundation  
640 Jackson Street  
Mail Stop: 11202C  
St. Paul, MN 55101-2595  
[Patti.e.dalen@healthpartners.com](mailto:Patti.e.dalen@healthpartners.com)  
651-254-3062 (phone)  
651-254-2378 (fax)
2. Nominations must be received by mail, email or fax no later than **March 7, 2008**. One person should sign the nomination form as the contact person.
3. Nominations should be presented in the form of a concise document (no more than two (2) pages in length) that specifically covers the questions/criteria outline on the nomination form. **Please include the provided cover sheet with your submission.**  
  
**Please Remember:** *Nominations are judged solely on information provided on the nomination form.*
4. The award will be presented at the AHP Midwest Regional Conference on: April 28, 2008 at 11:45 at the Hyatt Regency in Louisville, Kentucky.  
  
**Notice:** *The recipient must attend the presentation in person (or via video) to receive the award. We strongly encourage the recipient to attend in person.*
5. Nominees and deliberations are kept confidential. The winning recipient(s) remains confidential until the actual presentation.

*Please direct questions to Patti Dalen Leisinger.*

***2008 Distinguished Philanthropist Award***  
**Guidelines for Submission of Nominations**

**AWARD CRITERIA**

Please supply support for your nominations in a concise essay (no more than 2 pages) noting the requirements below. Submissions that do not respond to all of the following criteria will not be considered:

1. Support of individual's (or couple's) direct contribution to and support of organizations in your community and/or region. Other contributions nationally or internationally are welcomed but not required.
2. Description of specific accomplishments in healthcare. (Be specific, projects facilities, new programs, dollars raised and given by the nominee(s), etc.)
3. Description of participation in and support of other non-profit organization in your community or region (Be specific, dates, roles – active not figurehead, donations made by the nominee and outcomes, etc.)
4. Data of personal involvement in leading others to be involved in philanthropy or community volunteer service.
5. Confirmation of individual's ability to attend presentation at the Philanthropy Award Luncheon on April 28, 2008 starting at 11:45 am at the Hyatt Regency in Louisville, Kentucky – in person or via video. **Attendance by the recipient is strongly encouraged.**

Send all forms to:

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# 2008 Distinguished Philanthropist Award Nomination Entry Form

*Deadline: March 7, 2008*

Name(s) of Nominee: \_\_\_\_\_

Firm/Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

Nominator/Title: \_\_\_\_\_

Organization/Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_

**\*Please attach support documentation, not to exceed two pages,  
indicating why this individual should be recognized**



**ASSOCIATION FOR  
HEALTHCARE  
PHILANTHROPY.**

A H P M I D W E S T