In the name of God, the Most Compassionate, the Most Merciful

Islamic Cultural Center of Fresno

SPIRIT OF ABRAHAM AWARD / NOMINATION FORM

Honoring Voices of Courage and Compassion

I nominate the following for the Spirit of Abraham Award

Name			*Telephone Number*:
Home Address			
City	*State*	*Zip Code*	*Email Address*
Occupation		*Employed by*	*Title*
Work Address			*Work Number: ( )*
City	*State*	*Zip Code*	*Email Address*

I can be contacted at

Name			
Mailing Address			*Telephone Number : ( )*
City	*State*	*Zip Code*	*Email Address*

The Award will be given annually during the month of Ramadan.

CRITERIA: Award to given based on the following *1- Recipients: Individual(s) and/or organization(s)* *2- Significant contribution to enhancing and promoting the understanding of Islam* *3- Promoting understanding and harmony among all religions and faiths.* ***AWARD PRESENTATION*** *The award will be presented on the first Friday in the month of Ramadan during the Night of Spirituality.*	***RULES*** *1- Nomination forms must be filled out. No verbal nomination will be considered* *2- Nominator(s) must include examples to reflect the qualification of the nominee(s)* *3- Letters of recommendations are optional (maximum one-page each)* *4- Resumes and other materials will not be considered*

Why have you nominated this person / entity? (Please list the qualifications of the nominee to receive the Spirit of Abraham Award.) Attach additional pages as necessary:

Mail or deliver to: ICCF, 2111 E. Nees Ave., Fresno, CA 93720 / Telephone: (559) 297-9535 / imam@icfresno.org

Revised 2016