Date submitted:	
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## **Sprinkle Kindness Nomination**

*Required Fi	elds			
*Your Na	ame:			
	none:			
*Your Er	nail:			
*Your Ac	ddress:			
*Nomine	ee's Name:			
*Nomine	ee's Phone:			
	ee's Email:			
*Nominee's Age:		*Month/Date of Birth:		
	e's Favorite Colors:			
Nomine	e's Favorite Flavor: (ple	ase circle one cake	and one filling)	
Cake:	Vanilla	Chocolate	Almond	
Filling:	Vanilla Buttercream	Fudge	Raspberry	

## Nominate a Deserving Person in Need:

Do you know an amazing person who could use a cake to brighten their spirits? Maybe it's a person who always puts your needs before his or her own, someone who keeps a positive attitude through tough times, or someone who is struggling financially to make ends meet. On the following page, please tell us who they are and why they could use a cake to sweeten up their day.

OR

## Nominate Someone for His or Her Incredible Kindness:

If you know someone who has performed an act of kindness, tell us about it! Maybe it's a person who helped someone else in need, a neighbor who has changed your community, or a teacher who goes above and beyond. If their actions moved you, we want to hear about it. On the following page, please tell us what they did and why they could use a cake to sweeten up their day.

Please write your nomination here, or attach a typed copy. An attached picture of your nominee is not required, but is always welcomed. Please keep in mind, you will be responsible for picking up and delivering the cake if your nominee is chosen.			