

# SAINT ANNE MEDAL

I hereby affirm the nomination of \_\_\_\_\_ as worthy of this recognition.

\_\_\_\_\_  
(Signature of Pastor/Pastoral Coordinator/or Parish Designee)

\_\_\_\_\_  
(Date)

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The above named candidate is currently registered and active in \_\_\_\_\_ Council of the \_\_\_\_\_ (NAME) organization, and has been registered as an adult member for \_\_\_\_\_ years.

\_\_\_\_\_  
(Signature of Council Representative)

\_\_\_\_\_  
(Date)

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Nomination submitted by: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Tel. (with area code): \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

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Send to: Dorothy Cogswell  
Girl Scout Liaison for the Diocese of Richmond  
701 Murphy's Mill Road  
Suffolk, VA 23434

Approval by Committee on \_\_\_\_\_ (date):

The above candidate meets Diocesan requirements for the SAINT ANNE MEDAL.

\_\_\_\_\_  
(Designated Diocesan Representatives)

**APPROVALS: This nomination is to be kept CONFIDENTIAL.**