Date:	
Karma Star Nominee Information	Nominators Information:
ull Name:	Full Name:
Address:	Organization:
	Phone Number:
Phone Number :	Email:
Email:	Relationship to Nominee:
Please provide the story of the Karma Star nominee below:	
Please provide us with the Karmic Boost you think would be n	nost heneficial for your nominee:
riease provide as with the Karinic Boost you think would be in	iost beneficial for your nonlinee.
_	
Would you like to be updated of the status of your nominee?:	I YES I NO
If yes, how you like to be updated:	Phone Elemail
Would you like to participate in the Karmic Boost if your nomi	inee is selected?: [] YES [] NO
Would the nominee be willing to continue the cycle of giving i	n the future? [7] YES [7] NO