ANGLICAN FOUNDATION OF CANADA

NOMINATION FOR DIRECTOR

NAME: _____ TELEPHONE: _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____ DIOCESE: _____

BRIEF BIOGRAPHICAL SKETCH: (Maximum 75 words)

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NOMINATOR: _____ TELEPHONE: _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____ DIOCESE: _____

THE ABOVE NOMINEE AGREES TO STAND FOR NOMINATION AS A MEMBER OF THE BOARD OF DIRECTORS OF 'THE ANGLICAN FOUNDATION OF CANADA'.

_____ _____

SIGNATURE (NOMINATOR) SIGNATURE (NOMINEE)