



LEAGUE OF WOMEN VOTERS OF DALLAS

2017 Susan B. Anthony Award Nomination Form

Past Recipients of the Susan B. Anthony Award

- 1997 - Elizabeth Cowles
- 1998 - Cathy Wilkins-Moffitt
- 1999 - Joanne Hill
- 2000 - Elizabeth Johannaber
- 2001 - Catalina Garcia-Gary, M.D.
- 2002 - Rebecca Russell Sykes
- 2003 - Suzanne Ahn, M.D.
- 2004 - Vivian Castleberry and Louise Raggio
- 2005 - Patricia Patterson
- 2006 - Essie Reed
- 2007 - Laura V. Estrada
- 2008 - Virginia Bulkley Whitehill
- 2009 - Cecilia Guthrie Boone
- 2010 - Julie Lowenberg
- 2011 - Ellen K. Solender
- 2012 - Jan Sanders
- 2013 - Beverly Mitchell Brooks, Ph.D.
- 2014 - Hon. Harryette Ehrhardt, Ph.D.
- 2015 - Hon. Ann Margolin
- 2016 - Regina Montoya

*This award is presented annually to
a woman who exemplifies the
characteristics of*

Susan B. Anthony

*her independence, persistence,
determination, and dedication in
obtaining equal rights for all.*

Nominations are currently being accepted for the Twenty-First Annual Susan B. Anthony Awardee

Nominations must be received by Friday, **September 2, 2016**, to be considered. **The Recipient must be in attendance on Thursday, February 9, 2017, to accept the Susan B. Anthony Award.**

Please submit a detailed explanation of how the nominee exemplifies Susan B. Anthony along with this nomination form. Supporting information and/or documents may be added. All attachments must be legible. Documents submitted with the Nomination Forms will not be returned. An organization or individual may submit more than one nomination for consideration.

Return the Nomination Form with a nominating letter and any other attachments by **September 2, 2016**, via –

Email - lwvdallas@sbcglobal.net

Fax - League of Women Voters of Dallas, Dial (214) 688-4125, Press (1) to fax

Mail - Susan B. Anthony Award, c/o LWVD, 2720 N Stemmons Frwy, Ste 812S, Dallas, TX 75207

For further information, contact Dominique Torres at (214) 734-0302 or
League of Women Voters of Dallas at (214) 688-4125.



Name of Nominee _____

Occupation _____ Employer (if applicable) _____

Address _____

Home Phone _____ Cell/Work phone _____

Fax Number _____ Email _____

Name of Nominator(s)/Contact(s) _____

Organization/Company (if applicable) _____

Address _____

Home Phone _____ Cell/Work Phone _____

Fax Number _____ Email _____