



**Chicago Council on Planned Giving Board of Directors Nomination Form – 2019**

Return this form to Susan Mongillo by  
**Friday, February 1, 2019**  
via e-mail: [susan.mongillo@advocatehealth.com](mailto:susan.mongillo@advocatehealth.com)  
Please call Susan at (630) 929-6940 with any questions.

**Please attach the candidate's resume with this nomination form.**

**Nominator**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Relationship to nominee \_\_\_\_\_

**Nominee**

Check here if self-nominated

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Reason(s) this person would make a good CCPG Board member:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior nonprofit board experience:

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Years of experience in planned giving, estate planning, or charitable financial planning \_\_\_\_\_

Years of membership in CCPG: \_\_\_\_\_

Current/past CCPG volunteer contributions: \_\_\_\_\_

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Other professional association memberships: \_\_\_\_\_

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Area(s) of expertise or interest

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