

**Options**  
**Customer of the Month Nomination Form**  
***Return by the first day of the month.***

Please use this form to nominate an individual for "Customer of the Month." Forms are due at the beginning of each month. Winners will receive a free gift as available.

To nominate a customer, please complete all of the following information.

Customer Information

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Name of Customer Date

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Customer Address

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Customer Home Phone Number Customer's Network Customer's Network Coordinator

Why should this person be next month's CUSTOMER OF THE MONTH? (Attach additional pages as needed.)

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Nominated by (Name and Organization)

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Signature (Nomination forms without signatures will not be counted) Title

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Address Daytime Phone

Return to the Receptionist at Options.  
PO Box 1732, Bloomington, IN 47402, or fax to 812.332.1186

***Please return by the beginning of each month. Forms received after the first will be counted towards the next month. "Customer of the Month" will be determined by the Leadership Team based on nomination forms. For additional information, please contact Susan Rinne 800.875.9615. Feel free to copy this form and distribute to others.***