

**32nd Annual Community Service Awards
OFFICIAL NOMINATION FORM**

Name of Nominee: _____ Organization: _____
Nominee must live or work in Orange County *If applicable*

Nominee Mailing Address:

Street or PO Box City Zip code

Nominee Phone Number: _____ Nominee's Email: _____

My nominee's contributions were made primarily (please choose **ONE** category) as a:

☐ Professional ☐ Peer Professional ☐ Volunteer ☐ Client

Nominated by: _____
Print your name *Organization (if applicable)*

I am nominating as: _____ Organization Representative _____ Individual

Email Address: _____ Telephone: _____

Address: _____
Street or PO Box City Zip code

Did you interview your nominee: ☐ Yes ☐ No

Will you attend the award luncheon on February 26, 2026 in support of your nominee? ☐ Yes ☐ No

Identify nominee's affiliation with you or your organization and length of service:

Check the category/categories where nominee has made a significant impact:

1. _____ Reduced Stigma
2. Increased understanding, education, awareness and/or demonstrated leadership in/to:
_____ Legislative
_____ Non-profit
_____ Business
_____ Other community arenas
3. _____ Mentored others
4. _____ Overcome extraordinary challenges
5. _____ Inspired by his/her example
6. _____ Provided exceptional care
7. _____ Added to knowledge about mental health or other special achievements
8. _____ Enhanced mental health care and/or treatment

Describe/illustrate your nominee's contributions in the above categories checked. Please be specific and complete.

List reasons why the nominee's impact on others is deserving of the Community Service Award.

Describe your nominee in one word: _____

Thank you for your nomination and support!

NOMINATION DEADLINE: FRIDAY, DECEMBER 12, 2025

Please return form to Pam Presnall

By email: presnall@mhaoc.org

By mail: MHA, 1971 E. 4th Street, Suite 130A, Santa Ana, CA 92705

By secure E fax: (714) 242-9807