MACK E. MCCARTER AWARD
NOMINATING FORM

Name: _____

Address: _____

Phone #: _____

Reason why you are nominating this person:

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Submitted by: _____

If you would like to remain anonymous please check here □

Remit to: **Town of Clover**
P.O. Box 1060
Clover, SC 29710
Attn: Shannon Nix