

**MACK E. MCCARTER AWARD
NOMINATING FORM**

Name: _____

Address: _____

Phone #: _____

Reason why you are nominating this person:

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**