



# HELP IGNITE HOPE

## *A Celebration of Lives in Recovery*

**Share the Inspiring Story of Someone Living a Life of Recovery**

You may nominate yourself. Individual must allow the publication of their story.  
Individuals using MAT are eligible for nomination.

**Your Information:**

**Tell us about your Nominee:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Organization \_\_\_\_\_

Organization \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**Please share the individual's Experience, Strength and Hope in overcoming addiction and living a life of Recovery:**

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**All Nominations must be *received* by Transitions' Main Office by July 21st at 5 PM.**

1650 Russell Street, Covington, KY 41011 / **Phone:** (859) 491-4435 / **Fax:** (859) 491-6598

**Save PDF and Email to: [nominations@transitionsky.org](mailto:nominations@transitionsky.org)**