

Church Women United, Inc.



VALIANT WOMAN AWARD

Award Description and Ordering Procedures

Recognition of valiant women at all levels (local, state, regional, and national) is encouraged. Each unit is urged to honor at least one “Valiant Woman” each year.

Local Unit: \$25 • State Unit: \$50 • Regional: \$75 • National: \$100
Award Includes: Valiant Woman Award Certificate & CWU Logo Lapel Pin

A “Valiant Woman” is a woman who has given service to CWU, her church, and her community. She may or may not be an actual leader, but she is always someone who leads by example. A “Valiant Woman” is a woman who lives the Gospel message in her everyday life.

Suggestions for the nomination of a “Valiant Woman” may be made by anyone in the unit. Persons interested in honoring an individual should contact the unit to initiate the process.

Requirements: Biographical and background information, a photograph, and fee payment (local unit, state unit, regional, or national) are required for each honoree. Units should send the required information and include a check, made payable to Church Women United, Inc., at least one month prior to the date needed to:

VALIANT WOMAN AWARD

Church Women United, Inc.
475 Riverside Dr., Suite 1374
New York, NY 10115

Retain a copy of all submitted information for your records. Copies of this information should also be sent to the state secretary and retained for the unit’s records. The “Valiant Woman” award certificate and CWU logo lapel pin will be sent to the unit upon receipt of the required fee and necessary information.

For more information, contact:
CWU National Office • info.churchwomenunitedinc@gmail.com • (212) 870-1030

Church Women United, Inc.



VALIANT WOMAN AWARD

Biographical and Background Information

***PLEASE TYPE OR PRINT CLEARLY. This information is for CWU records only.
The honoree will not be notified by the CWU National Office.***

Name of Honoree

_____ (name as it should appear on the award certificate)

Honoree's Address & Contact Information

P.O. Box: _____ Street: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

CWU Unit Information

CWU Unit presenting award: _____ Local _____ State _____ Regional _____ National
(check one)

Name of CWU Unit: _____

Date of Presentation: _____

Person Submitting Form: _____

P.O. Box: _____ Street: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

INSTRUCTIONS

(1) Complete this form. (2) Please attach a brief biographical description of the honoree. Include background information about the honoree's family, community, and CWU experience. Use extra paper if needed. (3) Enclose a photograph of the honoree. (4) Enclose a check made payable to Church Women United, Inc. for the appropriate amount (Local Unit: \$25, State Unit: \$50, Regional: \$75, National: \$100). (5) Mail one copy of all required information and payment to: VALIANT WOMAN AWARD, Church Women United, Inc., 475 Riverside Dr., Suite 1374, New York, NY 10115.