

# The FOUNDATION for EVANGELISM

*A Catalyst to Equip Disciples to Share the Good News*

*Each Annual Conference establishes its own submission deadlines and nomination procedures.  
Please visit your Annual Conference website or call the conference office for details.*

## The Harry Denman Evangelism Award Nomination Form

**Please Highlight or Circle One: Clergy Laity Youth**

### Nominee:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone Number: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Church/Charge: \_\_\_\_\_ District: \_\_\_\_\_

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*This award honors United Methodists selected by the annual conference for their exceptional ministry of evangelism - expressed in Word (what), Sign (why), and Deed (how) - that brings people into a life transforming relationship with Jesus Christ. A Harry Denman Evangelism Award recipient consistently introduces those they serve to the Good News of Jesus Christ. Their ministry is outstanding for the number of new Christ Followers who credit encounters with this person as critical in helping to start or reignite their faith journey.*

Please provide the following information for each nominee:

- I. Tell the story of this person's innovative evangelism ministry.
- II. Describe how this person's ministry combines works of loving kindness with sharing their Christian faith to all people (evangelism in the spirit of John Wesley).
- III. "How" and in what tangible ways are lives being transformed by this person's service to Christ?
- IV. In what ways does this person's service and ministry model clearly "Why Jesus" to those they touch?
- V. Please add any other comments, information, or letters of recommendation you believe would be helpful.

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Person making nomination: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: (    ) \_\_\_\_\_ Email Address: \_\_\_\_\_

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**Submit this form by** \_\_\_\_\_ **to:** \_\_\_\_\_  
(Date designated by Conference) (Conference Evangelism Chair, Council Director or other)

Address: \_\_\_\_\_

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

Telephone: (    ) \_\_\_\_\_ Email Address: \_\_\_\_\_

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