



McDonnell High School

HALL OF FAME NOMINATION FORM

Name of Nominee: _____

McDonnell High School year of graduation, years of attendance or years of service:

Current address of Nominee: _____

(City)

(State)

(Zip)

(Phone)

Nomination submitted by: _____

Address: _____

(City)

(State)

(Zip)

(Phone)

Signed: _____

Date: _____

E-Mail :

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On a separate sheet of paper, please provide a brief biographical sketch of the nominee along with an explanation as to why you believe this alumnus should be considered for this honor. ***Nominations deadline will be November 1, 2027.***

Please return to:

MACS Central Office
Attn: Advancement Officer
1316 Bel Air Blvd
Chippewa Falls, WI 54729