



# WOMEN of DISTINCTION

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2025

## You are Invited

to nominate a woman you know who is  
contributing to our quality of life.

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ASSEMBLYMAN  
**ED★RA**  
19th Assembly District

Assemblyman Ed Ra  
825 East Gate Boulevard, Suite 207  
Garden City, NY 11530

PRSRT STD.  
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**PAID**  
Albany, NY  
Permit No. 75

19th Assembly District  
**ED★RA**  
ASSEMBLYMAN



# WOMEN of DISTINCTION

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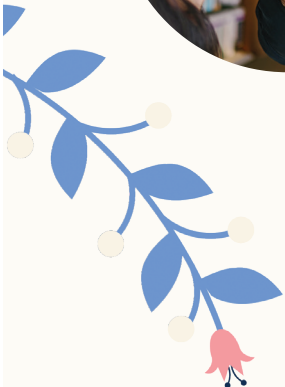
2025



in recognizing the contributions of the  
outstanding women in our community.  
Inside, nominate a woman you know by  
**Monday, June 30th** for this special recognition!

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## Join Assemblyman Ed Ra



# Assemblyman Ed Ra's WOMEN OF DISTINCTION AWARD CEREMONY

Please return this form to:  
Assemblyman Ed Ra  
825 East Gate Boulevard, Suite 207  
Garden City, NY 11530

Nominations must be  
submitted on or before  
**Monday, June 30th!**

For more information or questions  
concerning state government,  
please contact Assemblyman  
Ed Ra's District Office at:

825 East Gate Boulevard, Suite 207  
Garden City, NY 11530  
516-535-4095  
rae@nyassembly.gov



# WOMEN of DISTINCTION

2025

**\*\*\* NOMINEE MUST BE A RESIDENT OF THE 19TH ASSEMBLY DISTRICT \*\*\***

Name of Nominee: \_\_\_\_\_

Address of Nominee: \_\_\_\_\_

\_\_\_\_\_

ZIP Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email of Nominee: \_\_\_\_\_

I wish to nominate the above-named woman for Assemblyman  
Ed Ra's WOMEN OF DISTINCTION award in the following  
category (please circle the appropriate category):

Business

Community/Civic Affairs

Education

Health Care

Humanitarian

Government

Military Affairs

Volunteer

Other \_\_\_\_\_

In the space below, please type or print a description of the  
nominee and her contribution. Feel free to attach additional  
sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Scan  
the QR  
code to  
fill out  
the form  
online!



ASSEMBLYMAN  
**ED★RA**  
19th Assembly District

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

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

ZIP Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Your Email: \_\_\_\_\_

☐ I would like my information to be kept confidential from  
the nominee.