

**PETERSON REGIONAL MEDICAL CENTER FOUNDATION**  
**THE LEGACY GALA 2012**  
**VOLUNTEER INFORMATION SHEET**

(12-05-2011)

Would you please take a moment to complete this form?

This will enable LEGACY GALA mailings/information to reach you in a more timely manner. Thank you for your assistance.

Name \_\_\_\_\_

Home Address/Phone Number  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Address/Phone Number  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAX Number (Home and/or Business)  
\_\_\_\_\_  
\_\_\_\_\_

**Internet E-Mail Address**  
\_\_\_\_\_

Would you also share with us:

Your Birthday \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
(if applicable)

Spouse Birthday \_\_\_\_\_

Wedding Anniversary \_\_\_\_\_

To which address would you prefer your LEGACY GALA mailings be addressed/delivered?

Home \_\_\_\_\_ Business \_\_\_\_\_

Any special instructions?  
\_\_\_\_\_