

YES! I want to participate.

Name:					
Address:					
City:		State		ZIP	
Phone:		Mess. Phone			

Please check items you would be interested in helping with

<input type="checkbox"/> Active Member of Workgroup	<input type="checkbox"/> Children	<input type="checkbox"/> Transition Age Youth	
<input type="checkbox"/> Assist with Focus Groups	<input type="checkbox"/> Adult	<input type="checkbox"/> Older Adult	<input type="checkbox"/> Help at Health Fairs, etc.
<input type="checkbox"/> Assist at Town Hall Meetings	<input type="checkbox"/> Other:		

Please return this document to:

Donna Thompson
 1965 Live Oak Blvd.
 P. O. Box 1535
 Yuba City, CA 95991
 Phone: (530) 822-7200
 FAX: (530) 822-7108

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