

SIGN UP FOR A RAFFLE PRIZE FROM Sharing Your Wishes

I would like the *Sharing Your Wishes* program permission to contact me with further information about Advance Care Planning:

Please call me: Name _____ Phone _____

*****or*****

Please mail me additional information about *(circle topics)*:
Treatment Choices – Starting Conversations With My Family – Health Care
Proxy–Living Will–Other: _____


Name _____

Address _____ City _____ Zip _____

*****or*****

No information is requested at this time, but please enter me in the raffle

Sharing Your Wishes is supported by the Community Health Foundation of Western & Central NY, the Allegany/Western Steuben Rural Health Network, Inc., & the Allegany County Community Partnership on Aging



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