



WILSON MEMORIAL HOSPITAL FOUNDATION

Friends of Wilson Registration Form

* Denotes required fields

Name: *

*

Guest's Name: *

*

Address: *

*

City: *

*

State: *

*

Zip: *

*

Phone: *

*

Email: *

*

RSVP Information:

Yes, I will be attending the Friends of Wilson Reception

No, I will be unable to attend the Friends of Wilson Reception

915 W. Michigan St.

Sidney, OH 45365

(937) 498-5540
498-5538

(800) 589-9641 Ext. 5540

Fax (937)