



WILSON MEMORIAL HOSPITAL FOUNDATION

## Friends of Wilson Registration Form

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\* 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)