HOSPITAL VOLUNTEER PINS REQUEST FORM

ALL PINS WILL BE MAILED TO THE AUXILIARY TREASURER
FOR PRESENTATION BY THE AUXILIARY HOSPITAL CHAIRMAN
AT AN AUXILIARY MEETING.

AUXILIARY_____DISTRICT_____

Names of Volunteers (Use additional page if necessary)

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Signature of Auxiliary Hospital Chairman or Auxiliary Treasurer is required.

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Signature

Mail the completed form to Norine Aldecoa, 2445 W. Fedora Ave. Fresno, CA 93705-2629