



Because we care....a program to care for our neighbors! Please complete this card and drop it in the mail, or return it to the person who gave it to you. A volunteer will then connect with you. All the information given will remain confidential.

NAME _____

PHYSICAL ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

CITY _____ ST _____ ZIP _____ PHONE _____

INTERESTS/HOBBIES _____

FAVORITE COLOR _____ FAVORITE SONG _____



Ellsworth Area Chamber of Commerce
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