

### MCHCD Community Meeting Feedback Form

First Name: \_\_\_\_\_

What Community do you live in on the Coast: \_\_\_\_\_

Age (boxes to check)

<30    30 - 40    40 - 50    50 - 60    60>

Do you use Adventist Health - Mendocino Coast health care services? (boxes to check)

\_\_\_\_ Yes                      \_\_\_\_ No

Please provide your email if you would like to receive updates from MCHCD.

Email: \_\_\_\_\_

Any additional information you would like to share: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you would like a MCHCD Board Member to follow-up with a phone call, please provide the best phone number where you can be reached: \_\_\_\_\_

(Form will be designed 2-up on a page)