



## VOLUNTEER FORM

I/we want to help in the following way(s)

( ) Participate on one of the foundation's standing committees

( ) Distribute educational or fundraiser materials

( ) Help at a fundraising event

( ) Help at the annual Walk/5K Run

( ) Help at an educational session

( ) Organize a fundraiser in support of PSMRF's mission

( ) Other \_\_\_\_\_

( ) Yes, keep me informed of future PSMRF events

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail address \_\_\_\_\_

Phone number ( ) \_\_\_\_\_

Please indicate preferred method of contact.

PSMRF c/o Neil Spiegler, 410 Gatewood Road, Cherry Hill NJ 08003

[nspiegler@aol.com](mailto:nspiegler@aol.com)