



*Serving with
Heart & Soul*

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KBFPC Outreach Program Tell-A-Friend Enrollment

Date _____

Name _____

Mailing Address _____

Phone Number(s) _____

By signing this Tell-a-Friend enrollment form, I agree to refer women who are overdue for annual health checks to KBFPC. I will not receive any health information about the friend I have referred. I will receive a \$20 gift certificate in the mail as a thank-you gift for each referral to our program.

Signature _____

Full names of friends I will refer to Kachemak Bay Family Planning Clinic :

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|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |