

SUGGESTION FORM

NAME AND CONTACT INFORMATION IS OPTIONAL THOUGH PREFERRED

Date _____ Name _____

Phone _____ Email _____

Suggestion

WOOL Routing:

- | | | |
|---|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Board Of Directors | <input type="checkbox"/> Training | <input type="checkbox"/> Policy |
| <input type="checkbox"/> Programming | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Tech |

WOOL Notes: