



AlumniContact

Volunteer your services as an Alumni Contact.

Complete the information below and mail to:

AdCare Hospital Community Services
107 Lincoln Street
Worcester, MA 01605

Personal Information

Name: _____

Email: _____

Phone: _____

Fax: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Recovery Support Group

Alcoholics Anonymous

Narcotics Anonymous

Dual Recovery Anonymous

Other: _____

Location and Time

I give AdCare Hospital permission to contact me.

Yes No

I have read and agree to the statement below.

By completing and sending this form to AdCare Hospital, you give us permission to place you on our alumni mailing list and to contact you regarding alumni service opportunities. If you have a change of address or no longer wish to receive alumni communications, contact AdCare Hospital Community Services.