Contact & Interest Form

This form is designed to facilitate follow-up with individuals interested in the mission of Closed Womb Open Hearts (CWOH). Please complete the following line items to help our board members connect with you more effectively.

Item No.	Information Category	Input / Options Selection
1	**Full Name/Both if married**	_____ _____
2	**Email Address**	_____ _____
3	**Phone Number**	_____ _____
4	**State of residence**	_____
5	**Primary Area of Interest**	( ) Infertility Support & Hope( ) Adoption Education & Resources( ) Financial Partnership/Donation( ) General Information
6	**Relationship Type/Years married**	[ ]Single [ ]Married Years Married _____

Item No.	Information Category	Input / Options Selection
7	**Preferred Contact Method**	[ ] Email[ ] Text Message[ ] Phone Call
8	**Have you adopted?**	[ ] Yes [ ] No
9	**Have you fostered?**	[ ] Yes [ ] No
10	**Years of infertility**	[ ] Yes [ ] No

Internal Use Only

Date Received: Date

Assigned Board Member: Person

Follow-up Action Taken: _____