



Hugh Chatham Memorial Hospital Auxiliary Bake Sale

Yadkin Valley Pumpkin Festival
Main Street, Downtown Elkin

Please check below:

_____ **I will provide** the following item(s) for the Auxiliary Bake Sale at the Yadkin Valley Pumpkin Festival. (If providing cookies please list quantity):

_____ **I am able to volunteer** at the Auxiliary Bake Sale Booth. Please circle the shift that best suits your schedule. (You will be called to verify the schedule.)

9:00 a.m. – 10:30 a.m.	10:30 –12:00 noon
12:00 noon – 1:30 p.m.	1:30 p.m. –3:00 p.m.
3:00 p.m. – 4:00 p.m.	

_____ **I am unable to participate** in this year's bake sale but would like to make a contribution. (Please enclose check along with this form made out to Hugh Chatham Memorial Hospital Auxiliary.)

Name: _____

Address: _____

Phone #: () _____

Please return to the Volunteer Services Office/ Patricia Wagoner
Thank you

