



# Community Hospital of San Bernardino

A member of CHW

## Celebrating then and now.

*Share your story about Community Hospital of San Bernardino with us.*

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Were you born at Community Hospital of San Bernardino?  Yes  No

If yes, include your date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

What are you doing now? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tell us more about you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<more>

Please fill out the form and then send us your then and now photos\*  
(minimum 300 dpi) on a CD to:

**Attention: Marketing Department  
Community Hospital of San Bernardino  
1805 Medical Center Drive  
San Bernardino, CA 92411**

*\*Please note: Photos will not be returned.*

I authorize *Catholic Healthcare West* and *Community Hospital of San Bernardino* to utilize my photograph and information submitted with this form for print, electronic, digital or any other medium for purposes of media stories, marketing communications, use in marketing materials and newsletters.

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Your signature

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Date

