



EMPOWERED ELDER "Take Action" Pledge



Name: _____ Phone: _____

Organizational Affiliation: _____

Address: _____ City: _____

Zipcode: _____ EMAIL: _____

- I HAVE FILLED OUT MY VIAL OF LIFE FORM AND POSTED STICKERS ON MY DOOR AND REFRIGERATOR
- I RECEIVED A WALLET CARD ON APPEALING A HOSPITAL DISCHARGE
- I WILL TALK WITH THE FOLLOWING ORGANIZATIONS ABOUT SPONSORING AN EMPOWERED ELDER WORKSHOP – EITHER ONE TOPIC OR FULL DAY
(LIST ORGANIZATION AND CITY)

1. _____
2. _____
3. _____

- I AM INTERESTED IN BECOMING AN EMPOWERED ELDER TRAINER
(CARA will contact you for next "Train the Trainer" session)



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