



CWI is interested in collecting testimony from advocates, staff & consumers on their experiences with CWI.

This form has been created to assist in prompting the sharing of opinions and experiences.

If you choose to participate in the sharing of your experiences, CWI will collect this information and keep it on file for future use. It is our intent to include information such as this in our regular updating of our web site as well as in periodic publications such as our Annual Report, Insider newsletter, and program guides. Submission of a testimonial does not guarantee inclusion in these publications; however, it does indicate permission for inclusion.

Whenever possible, please complete this electronically and email to Deb Rowell, VP
@dmr@cwinc.org

Testimonial

Name: GAIL NORMAN Date: 4/27/11

What do you like most about CWI? The people I've come in contact with. They treat you with respect, professionalism & caring.

How has being involved with CWI impacted your life? It's given me tremendous peace of mind, in knowing how well my sister is being cared for.

Would you recommend CWI to others? Yes Most definitely

Is there anything you would like to add? My gratitude, my sincere, THANK YOU FOR being such a GREAT ORGANIZATION, AND such CARING People.

If completed with assistance, name of person assisting: _____