## G:\Logos\Master_Gardener_Logos\Master Gardener logo NEW - Full Color.jpgMaster Gardener Volunteer

## Care to Share Form

This form has been designed to provide valuable input to Wisconsin Master Gardener program. Once completed and submitted, this form will be distributed to the most appropriate individual or group to address the issue or concern. All sections (including contact information) must be completed. ***Incomplete forms will be disregarded.***

**SECTION #1: Describe the current situation:**

**SECTION #2: Describe the problem with the current situation:**

#### OVER

**SECTION #3: Give your suggestion(s) for a possible solution:**

What steps have you taken personally to address the situation?

***Please Print:***

Name of person completing form:

Address of person completing form:

Phone number of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address of person completing form:

# Signature: Date:

# 

**Please return completed forms to:**

**Master Gardener Volunteer Program**

**Kenosha County UW-Extension**

**19600 75th Street, Suite 2**

**Bristol, WI 53104**

**OR**

**Master Gardener Volunteer Program**

**Racine County UW-Extension**

**209 North Main Street**

**Burlington, WI 53105**

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