



## Membership Renewal Form

**The National Office of The Compassionate Friends requires that our members' permission forms be renewed and/or updated annually.**

Every year, The Compassionate Friends - Pittsburgh Chapter asks our members to review their membership information and renew their request to receive the newsletter. In this way, we are able to confirm member interest in our newsletter while keeping printing and mailing costs to a minimum.

**Please complete this form and return it to:**

Office Administrator  
The Compassionate Friends, Pittsburgh Chapter  
P.O. Box 15495  
Pittsburgh, PA 15237

Or email to: [editor@tcfpittsburgh.org](mailto:editor@tcfpittsburgh.org)

**PLEASE NOTE: If we do not receive your completed form by the due date, we will assume you are no longer interested in membership and/or receiving our newsletter, and you will be removed from our membership roster and our mailing list.**

Please make any changes to your mailing address below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Email address: \_\_\_\_\_

**If you would like to receive the newsletter via email, please check this box:**

**Please confirm your permission to include your loved one's name(s) and Birthday & Anniversary dates in our newsletter.** Without your permission, we cannot add their name to the Remembrance pages.

Please remember my child, sibling or grandchild on their birthday and anniversary date:

Name: \_\_\_\_\_ Gender: M / F

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
( mm / dd / yyyy ) ( mm / dd / yyyy )

Please remember my child, sibling or grandchild on their birthday and anniversary date:

Name: \_\_\_\_\_ Gender: M / F

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
( mm / dd / yyyy ) ( mm / dd / yyyy )