



Please complete this form and send to *Office Administrator,*
The Compassionate Friends, P.O. Box 15495, Pittsburgh, PA 15237
or email as an attachment to editor@tcpittsburgh.org

Your name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Email: _____

Please send newsletter by: Mail Email

We need your permission to include the name of your child, sibling, or grandchild and his/her Birthday & Anniversary in our quarterly newsletter.

It is the policy of the National Office of The Compassionate Friends that updated permission forms are kept on file and are renewed annually.

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

Name _____ Cause of Death (optional): _____

Birth date: _____ Date of Death: _____ Gender: M / F Age at death _____
(mm / dd / yyyy) (mm / dd / yyyy)

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

Name _____ Cause of Death (optional): _____

Birth date: _____ Date of Death: _____ Gender: M / F Age at death _____
(mm / dd / yyyy) (mm / dd / yyyy)

I give my permission to publish his/her birthday and/or anniversary date in newsletter.
(Without your permission, we cannot add your loved one's name to the Remembrance pages.)

WE NEED YOU!!! *The Compassionate Friends is a support group run entirely by volunteers. If you are interested in volunteering some of your time now or in the future, please **check** the areas that appeal to you.*

- I am a Bereaved Parent Sibling Grandparent Other family member willing to help in the following area(s):
- Treasurer Co-Leader Secretary Office / Telephone / Outreach / Newsletter
 - Library Data Entry / Software / Web Publicity (newspapers, media and funeral homes)
 - Help with Refreshments at Monthly Meetings Greeters for Meetings
 - Volunteers — Speaking Engagements at Hospitals, Healthcare, Churches and Schools

Other comments/suggestions:

