

The Compassionate Friends of Tyler

P.O. Box 9714
Tyler, TX 75711

We are happy to send our newsletter to you. We hope that it is helpful to you to be kept informed of chapter resources and activities and that you still wish to receive our newsletters that contain excellent material relating to grief issues.

To keep our mailing list current, we do ask to hear from you each year making sure that our information is correct and that you still wish to receive our mailings. If we did not hear from you in the last year please indicate any appropriate choices below and return the form to the address at the bottom of this page.

Your Name: _____

Child's Name: _____ Relationship: _____

Birth Date: _____ Death Date: _____ Cause of Death: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

E-mail: _____

Please check any of following that apply.

Please continue sending the newsletter.

No thank you, I'd prefer to stop receiving the newsletter. (Newsletters are posted monthly on our Web site.)

Please include my child's name and picture in the slide presentation at the Candle Lighting Ceremony.

Please include my child's picture and information on the TCF Tyler Web site. (www.TylerTCF.org)

I am enclosing a memorial to support The Compassionate Friends in the amount of _____

Please make check payable to TCF

In memory of _____

Please use this gift for: TCF Newsletter Butterfly Release Candle Lighting TCF Events

The continuation of this chapter's work depends on donations. If you have not taken the opportunity to give a donation in memory of your child please consider taking this time to give a gift that will help reach out to other newly bereaved parents.

We must have your written permission on file to use your child's name and/or picture in the newsletter, Web site, Candle Lighting Ceremony or any other TCF event. Permission may be withdrawn at any time by written request. This information is used to maintain our Chapter Database. It is confidential and is only utilized for Chapter activities such as the newsletter.

(Signature) Date: _____

Please return completed form to: The Compassionate Friends of Tyler, P.O. Box 9714, Tyler, TX 75711