

Please return to the address listed below to be retained on our newsletter mailing list



The Compassionate Friends
Salem, Oregon Chapter
1115 Madison St. NE, # 209
Salem, OR 97301



NEW OR UPDATED REGISTRATION FORM 2017 / 2018

According to The Compassionate Friends national regulations we are required to update our registrations and permissions periodically in order to continue sending the newsletter and having an updated permission to include your child's name to appear in the "Our Children Loved and Remembered" section of the newsletter. We want to continue to be an encouragement to you. Please take a few minutes to complete this information form and return it to us as soon as possible.

(PLEASE PRINT)

YOUR NAME(S) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

YOUR RELATIONSHIP TO CHILD/CHILDREN: _____

NAME OF CHILD: _____ MALE FEMALE

CHILD'S DATE OF BIRTH: _____ CHILD'S DATE OF DEATH: _____

NAME OF CHILD: _____ MALE FEMALE

CHILD'S DATE OF BIRTH: _____ CHILD'S DATE OF DEATH: _____

DO YOU WISH TO RECEIVE THE BI-MONTHLY NEWSLETTER: YES NO

VIA EMAIL (will be in color)

VIA REGULAR MAIL (will be black and white)

The Compassionate Friends would like to list the name of your child in the newsletter during the month of the child's birth and death anniversary, if you so desire. For your child's name to appear, we are required to have your signature giving us permission.

"I hereby give permission for Salem Chapter of TCF to include the name, birth month and death anniversary month of my child during the appropriate months in the "Our Children Loved and Remembered" section of the newsletter."

YES, PERMISSION IS GRANTED (newsletter): _____ DATE: _____

The Salem Chapter of The compassionate Friends operates solely on voluntary donations of time and finances. Gifts of any amount are appreciated; thank you in advance for your continued support and commitment to our chapter.