



The Compassionate Friends Lehigh Valley Chapter 2019 Newsletter Subscription Renewal

To continue your free newsletter subscription and have your child's name published in the "Our Children Remembered" section everyone must complete and return this form by **February 15th**.

If we do not receive your renewal we will assume you no longer wish to receive the newsletter.

Return completed forms to the database manager at:

TCF, Lehigh Valley Chapter
C/O Kathleen Collins
2971 Pheasant Dr.
Northampton, PA 18067

___ **Yes**, I want to continue receiving the newsletter ___ **No**, please discontinue the newsletter

If Yes:

___ I give my permission to have my child's (sibling's) birth and death dates listed in the "Our Children Remembered" section of the newsletter.

Note: We only publish month & date for privacy reasons

___ I give my permission to include my child's name BD & DD on future "Our Children Remembered" section of the website.

Note: We only publish month & date for privacy reasons

Please print your name and address as it appears on your newsletter mailing label:

Your name: _____

Street address: _____

City, State, Zip: _____

Telephone number: _____ Cell Phone: _____

Email Address: _____

Deceased child's name: _____

Relationship to child: _____

Child's birth date: _____ Child's death date: _____

Deceased child's name: _____

Relationship to child: _____

Child's birth date: _____ Child's death date: _____