



# *The Compassionate Friends*

*Livonia, MI Chapter*

## *Newsletter Request and Release Form*

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

Child's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of death: \_\_\_\_\_

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

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

Phone : \_\_\_\_\_

Email: \_\_\_\_\_

Please check any of the following that you wish us to use:

Please email me the newsletter.

Please mail me the newsletter.

Please include my child's name and information in the newsletter.

Date: \_\_\_\_\_