



The Child and Youth Bereavement Groups are
generously sponsored by:



An invitation to join us

PLEASE COMPLETE, AND RETURN IN THE SELF ADDRESSED
POSTAGE PAID ENVELOPE PROVIDED



If you, or someone you know, could benefit from this service, please complete the enclosed card and return in the postage paid envelope provided. We will then contact you by phone to gather and provide information. All information shared will be kept private and confidential.

CHILD'S NAME _____ AGE _____
YOUR NAME _____
RELATIONSHIP TO CHILD _____
ADDRESS _____

CITY _____ POSTAL CODE _____
PHONE: _____
BEST DAY/TIME TO CALL _____
EMAIL _____
LOSS (RELATIONSHIP) _____
DATE OF LOSS _____

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