

Sponsor the National Office

The services provided by the National Office are free of charge to all who need them.

In this spirit, we're providing the opportunity for those who believe in our mission to show their support through their sponsorship of the National Office.

This is a new opportunity, and we would greatly appreciate your assistance to help make it as successful as possible.

Sponsorships are \$250 per week, or \$1,000 per month. Our sponsors will be displayed and remain on our website for each week or month of their sponsorship, featuring the loved one in whose memory or honor the donation is made.

This past year, the staff of the National Office communicated with more than 634,000 bereaved parents, siblings, grandparents, family members, friends, professionals and chapters, via phone calls, e-mail and mail. TCF provides an Online Support Community with trained moderators, and a monthly e-newsletter is sent to over 16,000 people interested in TCF's activities. In addition, TCF's facebook page communicates with more than 45,000 friends, and continues to grow. *Your assistance is vital as we strive to provide help to everyone who reaches out to us.*

To confirm and reserve your sponsorship, please call the National Office at 877.969.0010, or e-mail Theresa Mendez at Theresa@compassionatefriends.org.

Application details should be filled out on the other side of this page, and either faxed to us at 630.990.0246, or scanned and e-mailed electronically to the above address.

Checks or credit cards are both accepted, and your sponsorship will be fully tax-deductible.

On behalf of the thousands of people we serve, thank you for your friendship and generosity.

Please complete application on reverse side. Questions? Please call us at 877.969.0010. We're happy to help.

Yes, I would like to sponsor the National Office at the following level:	
weeks @\$250 per week, or month(s) @\$1,000 per month.	
Name:	
Address:	
City:	State: Zip:
Phone:	E-mail:
We donate this sponsorship:	
In memory of:	
In honor of:	
I/We prefer that this gift remain anonymous. Payment information: (Please make checks payable to The Compassionate Friends.)	
My check is enclosed. OR	VisaMCDiscover
Card Number:	Exp.:
If you would like your gift acknowledged to a third party, please provide the name and address.:	
Name:	
Address:	
City:	State: Zip:
Phone:	

The Compassionate Friends, Inc.
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