



**THE  
COMPASSIONATE  
FRIENDS**  
Supporting Family After a Child Dies

900 Jorie Blvd., P.O. Box 3696, Oak Brook, IL 60522-3696

Enclosed is my tax-deductible gift to TCF for \$\_\_\_\_\_ for the following patron membership:

- |                                   |                                 |                             |                   |
|-----------------------------------|---------------------------------|-----------------------------|-------------------|
| _____ \$10,000 or more . . . . .  | Simon Stephens Founder's Circle | _____ \$500-\$999 . . . . . | Circle of Caring  |
| _____ \$5,000 - \$9,999 . . . . . | President's Circle              | _____ \$200-\$499 . . . . . | Circle of Support |
| _____ \$2,500-\$4,999 . . . . .   | Circle of Love                  | _____ \$50-\$199 . . . . .  | Circle of Friends |
| _____ \$1,000-\$2,499 . . . . .   | Circle of Hope                  | \$_____ . . . . .           | Other             |

All donations are gratefully accepted. All patron level donations include a 1 year subscription to *We Need Not Walk Alone* magazine.

Please make your check payable to The Compassionate Friends or charge: \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard

Account # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Does your employer have a matching gift program? Please check; Your donation to TCF may qualify.

This contribution is made by (Name) \_\_\_\_\_  
(As you wish to be listed as a donor)

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Day) \_\_\_\_\_

Evening \_\_\_\_\_

This contribution is made in memory of \_\_\_\_\_ in honor of \_\_\_\_\_

Name \_\_\_\_\_ the occasion of \_\_\_\_\_  
(Memorial, birth date, death date, other)

Please acknowledge to:  
(Name) \_\_\_\_\_

Address \_\_\_\_\_

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

**The Compassionate Friends greatly appreciates your tax-deductible contribution!**