



**The
Compassionate
Friends**
Supporting Family After a Child Dies

2019 WORLDWIDE CANDLELIGHT CEREMONY

CANDLE FORM

1. Child's First and Last Name: _____

2. To ensure correct pronunciation provide phonetic spelling of First and Last name

3. Please provide phone number or email address in case we need to contact you with questions.

Enclosed is my donation of \$_____ in memory of my child. Make check payable to Compassionate Friends and mail along with the completed form to the address below.

PLEASE NOTE: Your child, grandchild or sibling's name will be included in the program regardless of whether a donation is made.

_____ I/we would like a candle lit for my/our child/sibling and I/we will be attending the service.

_____ I/we will be bringing food to share after the program. Please indicate what you will bring _____.

I/we cannot attend, but please light a candle for my child/sibling

Complete & return this form NO LATER THAN 12/1/19 to:

MAUREEN GOEDE

421 BAKER AVE

ALTAMONTE SPRINGS, FL 32714