

****CONFIDENTIAL****
CENTRAL OHIO CHAPTER POMC

MEMBER INFORMATION

All information is considered confidential and will be used exclusively by the Central Ohio Chapter POMC
The Chapter operates on 100% donation basis -- please consider a donation to cover postage for one year

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip +4: _____

Email address: _____

(Will send monthly newsletter via email if an address is supplied)

Phone: () _____ Days _____

Phone: () _____ Evenings _____

Loved One's Name: _____

Your loved one was your: _____

Daughter, grandson, father, friend, etc.

Date of Birth: _____ Date of Death: _____

May we print your loved one's name/dates in our newsletter? Yes No

Other information you'd like to add:

Please return to:
Central Ohio POMC, PO Box 23936, Columbus, Ohio 43223
or
ohiohugs@sbcglobal.net