

Subscription Form

You may use this form to send gift subscriptions of AfterLoss to families, members of the clergy, counsellors or others. Simply fill in the names and addresses of those whom you wish to receive gift subscriptions and mail or FAX this form to AfterLoss. We'll do the rest. Please send AfterLoss the following:

	Name			
	Address			
	City	Province	Postal code	
	Please start with: Issue #1 Issue #2 (We personally	v delivered Issue #1)	One Year Subscription	Six Month Subscription
	Name			
	Address			
	City Province		Postal code	
	Please start with: Issue #1 Issue #2 (We personally	v delivered Issue #1)	One Year Subscription	Six Month Subscription
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\Box	Name			
	Address			
	City Province		Postal code	
	Please start with: 🗌 Issue #1 🗌 Issue #2 (We personally	v delivered Issue #1)	One Year Subscription	Six Month Subscription
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\Box	Name			
	Address			
	City	Province	Posta	code
	Please start with: Issue #1 Issue #2 (We personally	v delivered Issue #1)	One Year Subscription	Six Month Subscription
	Name			
	Address			
	City	ity Province Postal code		l code
	Please start with: 🗌 Issue #1 🗌 Issue #2 (We personally	v delivered Issue #1)	One Year Subscription	Six Month Subscription

Each family listed will receive their gift subscription of AfterLoss and will continue to receive their newsletters each month for the duration checked above. You may initially wish to present your families with an AfterLoss Keepsake Gift Announcement Card along with the flower cards and book of memories to let them know that their first issue will be arriving shortly.

□ Please send information on personalized AfterLoss Portfolios for the clergy and counsellors.

□ Please send a new pad of Subscription Order Forms.

□ Please send a free packet of AfterLoss Keepsake Gift Announcement Cards.

Name:	Firm Name:
Phone ()	Fax ()