

**\*\*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