

Share the Gift

Share the gift of Sharp HospiceCare's bereavement newsletters with a friend or loved one. Choose from *Healing Through Grief*, a bereavement newsletter designed for adults, or *Journey to My Heart*, a bereavement newsletter for children 12 years and younger. The cost for each 13-issue program is \$25.

Complete this form with the full name and address of the person(s) for whom you wish to purchase a subscription. If necessary, you may attach another sheet to include additional names and addresses.

Enclosed is \$25 to send *Healing Through Grief*, a bereavement newsletter for adults

Checks can be made payable to Sharp HospiceCare.

For payment by credit card, also complete the credit card authorization form on page 3.

Please print clearly:

Mr. Mrs. Miss Ms.

Name of subscription recipient

Address

City

State

ZIP

Name of person who died

Date of death

Relationship to the deceased

Your name

Your telephone number (include area code)

Please mail a copy of this form with your check or credit card information to:

Sharp HospiceCare, Bereavement Department
P.O. Box 1750, La Mesa, CA 91944

SHARP Hospice
Care

P.O. Box 1750
La Mesa, CA 91944

Address Service Requested

ISSUE 12

"I believe that imagination is stronger than knowledge. That myth is more potent than history. That dreams are more powerful than facts. That hope always triumphs over experience. That laughter is the only cure for grief. And I believe that love is stronger than death."

— Robert Fulghum

bringing comfort to each day

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SHARP Hospice
Care

ISSUE 12

Healing Through Grief

Dear Friend,

Over the past year, Sharp HospiceCare has strived to help you return to a focus on living by providing you with effective ways to cope with your grief and loss. We hope that you found the information provided in the previous 11 issues of *Healing Through Grief* valuable. This issue completes your series of monthly bereavement newsletter mailings.

We value your opinion and are always interested in learning how we can better serve you. Please take a few minutes to share your thoughts about *Healing Through Grief* by completing the enclosed evaluation. Your feedback will help us assess the effectiveness of our newsletter series.

As you continue to work through the grieving process, we are here to provide support. We invite you to attend one of our upcoming events or bereavement support groups. For more information, call 1-800-681-9188 or visit sharp.com/hospice.

Sincerely yours,

The Bereavement Department of
Sharp HospiceCare



Sharp HospiceCare strives to bring comfort to those working through the grieving process. Bereavement counselors provide a supportive, confidential environment for families and friends dealing with the loss of a loved one. To learn more about Sharp HospiceCare, including support groups, call 1-800-681-9188.

Share Your Thoughts

Do you feel you need additional support with coping with your loss at this time? Yes No

If yes, please indicate the type of information or assistance you would like to receive:

- Community resources to help me cope more constructively with my grief
- Assistance with and/or community resources related to other problems such as:

Other (describe below):

If you answered yes, please provide a phone number where you can be reached:

Your name and relationship to the hospice patient _____

Hospice patient's name _____

Thank you for your input.

We Need Your Continued Support

Healing Through Grief allows Sharp HospiceCare to reach out to hundreds of bereaved individuals and families each month — no matter where they live. For many, the newsletters are a valuable resource, connecting them to reliable information about the healing process and practical tips for coping during this difficult transition period. And they provide needed support for those who might not have access to other bereavement services, such as individual counseling and loss support groups.

Bereavement follow-up care is a major component of Sharp HospiceCare's program. We have remained firm in our commitment to provide a wide range of bereavement services including individual and family counseling, and a variety of loss support groups for adults and children.

Our ability to continue providing the bereaved with these services depends not only on our organizational commitment, but also on your financial support. While national hospice regulations mandate that all hospice care providers provide some type of bereavement follow-up, these services are not reimbursed by Medicare or other insurance companies. Your generous donation will offset the unreimbursed costs of these bereavement newsletters, as well as our other bereavement programs. Your support can bring you joy and satisfaction from knowing that you made a difference in the lives of people who are experiencing a difficult journey through grief.

Yes, I want to support Sharp HospiceCare. Sharp HospiceCare is a 501(c)(3) not-for-profit organization.

Please accept my tax-deductible gift of:
 \$15 \$25 \$50 Other (indicate amount) \$ _____

Checks can be made payable to Sharp HospiceCare.

In memory of _____

My name _____

Address _____

City _____

State _____ ZIP _____

Phone _____

Payment by credit card (two options):

A. To make a secure donation online, visit sharp.com/foundation, click on "Grossmont Hospital Foundation" and "Donate Now."

B. Provide credit card information below.

Please return this completed pledge card with your check or credit card information to:

Sharp HospiceCare
P.O. Box 1750
La Mesa, CA 91944

CREDIT CARD INFORMATION

Please charge the following credit card account (circle one): MasterCard, Visa, AMEX, Discover

Check each that apply and indicate amount:

Bereavement Newsletter subscription

Amount \$ _____

Donation to Sharp HospiceCare

Amount \$ _____

Credit card # _____

Security Code _____ Exp. Date _____

Name on card _____

Billing address _____

City _____

State _____ ZIP _____

Sharing Your Journey With Others

As part of the grieving process, we have encouraged you to keep a journal of your journey. We hope this has been a valuable experience, and that by reviewing your entries you will feel a sense of enlightenment as you evaluate your progress.

Just as you may have been helped by the writings of others who experienced the loss of a loved one, we encourage you to consider sharing with us your insights and processes for healing.

Sharp HospiceCare uses journal writings, poems and other creative expressions in a variety of ways, including:

- Handouts in our bereavement support groups
- Training materials for hospice staff, interns and volunteers
- Quotes or inspirational writings for future publications

If you are interested in sharing your entries, please send a copy, along with the enclosed consent, to the address listed below. We look forward to hearing from you and appreciate your contribution.

Consent to Publish

The undersigned hereby authorizes Sharp HospiceCare to use and/or publish literary materials (e.g., poetry, personal writings, journal entries) provided by:

Name _____

Materials are provided to the Sharp HospiceCare Bereavement Program and the undersigned agrees that they may be used for purposes of, but not limited to, staff or volunteer training presentations, newsletters to staff or the community, and other bereavement publications that could be distributed nationally.

Signature _____

Date _____

Yes, you may publish my name. (Do not check box if you wish to remain anonymous.)

Mail to:

Sharp HospiceCare, Bereavement Department
P.O. Box 1750, La Mesa, CA 91944

