



## BRIEF ENCOUNTERS

Support for bereaved parents  
of pregnancy and infant loss

*Love Gift*

Please mail your check or your credit card information to:

Brief Encounters  
2116 NE 18th Ave.  
Portland, OR 97212

If you wish, your gift may be anonymous; otherwise, please provide the following information and we will acknowledge your gift with reference to the child in our next Brief Encounters newsletter.

Your name: \_\_\_\_\_

Name of bereaved parent, if different: \_\_\_\_\_

Name of child, if known: \_\_\_\_\_

Do you wish this gift to be anonymous? Yes No

Amount of gift: \$ \_\_\_\_\_

Do you wish to be contacted by a support volunteer? Yes No

For credit/debit card donations, please fill out the following:

Name as it appears on credit card: \_\_\_\_\_

Credit/Debit # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC # \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Note: