

**CENTER FOR INFANT & CHILD LOSS**  
cordially invites our families and friends to attend

**“REMEMBERING OUR CHILDREN”**

The program will commemorate the lives of our children. All persons interested in preparing a reading or music for the programs are welcome and encouraged to participate. A reception will be held following each program.

We will include the names of our children in the program and service, even if you cannot attend. Please complete the form below and return it to the CENTER. The two programs will be held in the following areas:

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**Baltimore Area**

Sunday December 10, 2017  
Brown Memorial Church  
6200 N. Charles Street  
Towson, Maryland  
7:00 p.m.

**Directions:** *Baltimore beltway (I-695) to Exit #25 Charles Street; South on Charles St. approximately 2 miles to church on right directly across from 7-11.*

**Prince Georges County**

Sunday, December 10, 2017  
**St. Philips Episcopal Church**  
6th & Main Streets  
Laurel, Maryland 20705  
2:00 p.m.

**Directions:** *From I -95 take Exit 35A East, Scaggsville Road, toward Laurel (1.7 miles). Bear left on Main Street.*

**Eastern Shore**

Wednesday, December TBA, 2017 - 6:30 p.m.  
St. John United Methodist Church, Fruitland, MD  
For information call at 410-742-5592

**Refreshments will be served following each service. Please bring a ‘finger food’. Please bring a photograph or other memento of your child for the memory table. Be sure to put your name on the back.**

RSVP online at [www.facebook/CenterforInfantandChildloss](http://www.facebook/CenterforInfantandChildloss) under Events.

For more information call 800-808-7437 or visit [www.infantandchildloss.org](http://www.infantandchildloss.org).

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Please email information to: [rcaldwelldove@peds.umaryland.edu](mailto:rcaldwelldove@peds.umaryland.edu)  
or complete, detach and mail  
by December 5, 2017 to:

CENTER FOR INFANT & CHILD LOSS, 737 W Lombard Street, Room 233, Baltimore MD 21201

I (we) will attend the program:       Baltimore       PG County

We cannot attend, please include our child’s name in the service.  
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**PLEASE PRINT CLEARLY**

Child’s Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Number of adults \_\_\_\_\_, children \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I will:

\_\_\_ prepare a reading

\_\_\_ perform or provide music