

**Contact Information Update / Permission for Disclosure and Use of Information**

Name(s): \_\_\_\_\_

Children's first and last names: \_\_\_\_\_

Postal address: \_\_\_\_\_

**Phone Numbers** *(if there is more than one member in your household, please list name with appropriate phone number)*

Home Phone: (        ) \_\_\_\_\_

Cell Phone: (        ) \_\_\_\_\_

Work Phone: (        ) \_\_\_\_\_

Additional numbers: \_\_\_\_\_

**My preferred phone number for contact is:** HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

**Preferred Email Address:** *(if more than one member in your household, please write name and email address on separate lines)* \_\_\_\_\_  
\_\_\_\_\_

**Would you like to receive a digital pledge statement, instead of a mailed paper pledge statement?**  
*(please check one)* YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", which email address should it be mailed to? \_\_\_\_\_

**Do you give permission for May Memorial to send the weekly email blast to your email address?**  
*(please check one)* YES \_\_\_\_\_ NO \_\_\_\_\_

**YES, but only these addresses:** \_\_\_\_\_

**Do you give permission for May Memorial to send the monthly newsletter to all email addresses in your household?** *(please check one)* YES \_\_\_\_\_ NO \_\_\_\_\_

**YES, but only these addresses:** \_\_\_\_\_

**In order to receive the printed monthly newsletter by postal mail, you must request it. We HIGHLY encourage those who can print their newsletter at home to switch to, or continue to receive the newsletter by email.** If you do not have a computer or are unable to print your newsletter at home, then please check below.

**I request to receive a printed copy of May Memorial's monthly newsletter by U.S. Mail:** \_\_\_\_\_