



Toll-free line: 1-866-823-0141  
E-mail: [nationaloffice@tcfcanada.net](mailto:nationaloffice@tcfcanada.net)  
Website: [www.tcfcanada.net](http://www.tcfcanada.net)

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### CHAPTER ANNUAL REPORT

TCF National is a resource centre for new and existing Chapters. In this capacity, we can offer assistance as well as facilitate Chapters helping Chapters. In order to do so, it would be useful to have information from your Chapter on the services and resources you offer your bereaved parents. If and when a Chapter encounters issues or would like to implement a new service or resource, we can help directly or refer them to Chapters that offer this same service or resource.

- Please e-mail your completed report to [chapterdevelopment@tcfcanada.net](mailto:chapterdevelopment@tcfcanada.net) or mail to: **Eileen Bond, 31 Maplehill Way, Ottawa ON K2C 3H1.**
- No payment is required, however, donations of any amount to support the role of the national organization would be appreciated and can be mailed to the TCF Canada Treasurer: **Diana Cadigan, 12 Red Cliff Road, Logy Bay NL A1K 3G2.**

### CHAPTER CONTACT INFORMATION

For the year beginning \_\_\_\_\_ 20 \_\_ ending \_\_\_\_\_ 20 \_\_ AGM Date \_\_\_\_\_

Name of Chapter: \_\_\_\_\_ Founded in \_\_\_\_\_ (year)

Area served: \_\_\_\_\_

Chapter mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Chapter Leader** (will be listed as main contact in national database and website):

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Chapter Co-Leader:**

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Does your Chapter have its own website? YES / NO

Website address: www. \_\_\_\_\_

Do you have a Board of Directors? YES / NO Advisory Board? YES / NO

Are you a Registered Charity? YES / NO

Do you have Bylaws? YES / NO If NO, would you like a template? YES / NO

**CHAPTER RESOURCES**

Do you have a Chapter Brochure? YES / NO

Information package for the newly bereaved? YES / NO

If NO, would you like an example brochure or information package? YES / NO

Do you have information leaflets or articles on all aspects of grieving and specific causes of death for your Sharing Meetings? YES / NO

If NO, would you like some samples? YES / NO

Do you have a system for tracking your members, e.g. database, sign in book? YES / NO

Does your Chapter publish a newsletter? YES / NO

If YES, please provide: Number of issues per year \_\_\_\_ Number of copies distributed \_\_\_\_

Editor: \_\_\_\_\_ E-mail: \_\_\_\_\_

Would you like to share or exchange material with other Chapters? YES / NO

Library? YES / NO If NO, would you like some suggestions for starter books? YES / NO

**CHAPTER OUTREACH PROGRAMS**

Location of Sharing Meetings \_\_\_\_\_

Day(s) for Sharing Meetings \_\_\_\_\_

Average attendance at each meeting \_\_\_\_\_

Do you submit Public Service Announcements (PSAs) to media outlets? YES / NO

If NO, would you like an example PSA? YES / NO

Candle Lighting Celebration? YES / NO Date: \_\_\_\_\_ Attendance: \_\_\_\_\_

Balloon Release Event? YES / NO Date: \_\_\_\_\_ Attendance: \_\_\_\_\_

Other events or activities? \_\_\_\_\_ Attendance: \_\_\_\_\_

Do you offer telephone friends? YES / NO If NO, would you like information? YES / NO

**Additional Comments**

*(Please feel free to use the reverse side or an additional sheet if necessary)*

***Thank you for your support and for all the work that you do!***