



The Colors of Healing

A Family-Centered Bereavement Program

Film Order Form

Grieving and Hope:

Living with the Death of Your Child

I would like _____ DVD

quantity

\$10 each: \$ _____

sub-total

A Dad's Journey Through Grief

I would like _____ DVD

quantity

\$10 each: \$ _____

sub-total

Tender Healing:

A Sibling's Journey Through Grief

I would like _____ DVD

quantity

\$10 each: \$ _____

sub-total

Total \$ _____ enclosed

Please make checks payable to:

Children's Hospital Colorado Foundation

Please mail form to:

Bereavement Coordinator, B220

Children's Hospital Colorado

13123 East 16th Avenue

Aurora, CO 80045

Name: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

If you have any questions, please contact the Bereavement Program Coordinator at Children's Hospital Colorado at (720) 777-6978



Children's Hospital Colorado