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Helping After Neonatal Death

Post Office Box 341, Los Gatos, CA 95031-0341 • www.handonline.org



An Invitation
from HAND

"If I had a single flower
for every time I think about you,
I could walk forever in my garden."

— *Claudia Grandi*

Helping After Neonatal Death (HAND) is a California not-for-profit 501(c)(3) corporation, founded in 1983 to help parents, their families, and their healthcare providers cope with the loss of a baby before, during, or after birth.

HAND is a resource network of parents, professionals, and supportive volunteers that offers a variety of services throughout Northern California. HAND does not charge newly-bereaved parents for its services. HAND relies primarily on your donations to fund our programs to support parents and families. As an all-volunteer organization, all donations go a long way toward helping parents in need.

October is National Pregnancy & Infant Loss Awareness Month. Each year HAND families gather for a



HAND will provide beverages. Please bring a potluck dish to share.

HAND would like to invite you to come together with other families and celebrate the memories of your precious babies. The service will have music, poetry readings, and a potluck meal afterward where you can reconnect with old friends or make new ones with families who have experienced the loss of a baby. Families and friends are welcome to attend this memorial celebration.

Sanborn Park is a County park and charges a \$6.00 entrance fee. Parking is available close to Sequoia Peterson Grove. Please keep in mind it gets cool under the trees so you may wish to bring a sweater or jacket. There will be picnic tables available for the potluck after the service. You can find out more information about the location at www.parkhere.org.

We realize that after the loss of a child it can be painful to see other children. Please remember that the children present at the service have suffered the loss of a brother or sister or may be subsequent children. Parents who have children in attendance are very sensitive to the fact that there are newly-bereaved families present. We all attend the service for the same reason: to honor these special family members who have died.

For more information, contact Dafna Talmor at tdafna@yahoo.com or visit www.handonline.org

Directions from East Bay or South Bay

Take I-880 (CA-17) heading South to Los Gatos. Exit North on CA-85 toward Mountain View. Take the Saratoga Avenue exit Left. Saratoga Avenue becomes Big Basin Way. After downtown Saratoga, turn Left on Sanborn Road. Sanborn Park is at the end of the road. Sequoia Peterson Grove is the first right after the Ranger Station at the entrance.

Directions from the Peninsula

Take I-280 (North or South) and exit CA-85 South toward Gilroy. Take the De Anza Boulevard exit Right, which becomes Saratoga-Sunnyvale Road. Turn Right onto Big Basin Way. After downtown Saratoga, turn Left on Sanborn Road. Sanborn Park is at the end of the road. Sequoia Peterson Grove is the first right after the Ranger Station at the entrance.

Helping After Neonatal Death is a California not-for-profit 501(c)(3) corporation. All donations are tax-deductible. Donations can be made online at www.handonline.org. Choose the "Volunteer" tab to learn how.

**Please check all that apply and mail your responses and donations to:
HAND – Service of Remembrance, P.O. Box 341, Los Gatos, CA 95031**

Please make all checks payable to HAND. **Items must be postmarked by August 31, 2010.**

After that date, HAND can not guarantee your baby's name or any material submitted will be included in the printed program.

___ I'd like to donate an hour or two of time to help with the Service of Remembrance. My phone number is: _____

___ I plan to attend the Service. There will be _____ adults and _____ children attending.

My potluck dish to share will be: _____

___ I am submitting a copy of a poem, reading, or song for the program. Please enclose a copy.

I would like to read it I would like someone else to read it _____

___ I'd like my baby's name included in the program and read during the Service. (Include phonetic spelling if name is unusual)

Baby's Name _____ Date (b) _____ (d) _____

Baby's Name _____ Date (b) _____ (d) _____

Baby's Name _____ Date (b) _____ (d) _____

NOTE: if your baby was not named, you can specify "Baby <your last name>"

___ I am unable to attend this year, but please send me a copy of the program (Please enclose a check for \$5 or more)