

Please identify the child's hobbies, interests, and other likes so that we may create an experience or gift for him/her (sports teams, music, artists, books, clothing brand, color, sizes, toys, favorite characters/heroes, etc.). You may also provide gift suggestions too. Please also list any additional surviving siblings and their details if applicable in this area.

TESTIMONIALS

"There aren't really any foundations like yours. Children grieve too & your purpose is so important."

"They are truly a remarkable organization to think of the siblings during this difficult time!! They are so kind and they went above and beyond!!"

"Good to see their smiles."

"I wish there was an organization around like this when my brother passed away 14 years ago."



"Reminding bereaved siblings that they are loved and not forgotten."

Please fill out and send to:

***Charlie's Guys
5387 Wild Dunes Court
Boulder, CO 80301***



www.charliesguys.org



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ABOUT

Established in 2018, Charlie's Guys is organized exclusively for bereaved siblings 18 years old and younger to remind them that they are loved and not forgotten. We aim to provide these children with something special — either a new experience or a gift that meets their needs/wants that will provide them with a lasting, positive memory.

For more information please contact charliesguys@gmail.com

CHARLIE'S
GUYS



GIFTS AND EXPERIENCES CHARLIE'S GUYS HAS PROVIDED:

Monster Jam Event with Pit Party Access

Limo Ride Experience

Horseback Riding Lessons

Shopping and Lunch at American Girl

Indoor Skydiving Lessons

Behind the Scenes Tour of the Aquarium

Power Wheels Car

Laptop

Handheld Game Station

Carter's Gift Card



REFERRAL FORM

To be filled out by a close friend, family member, parent/guardian, or child him/herself.

YOUR INFORMATION:

Name: _____

Phone: _____

Email: _____

City and State: _____

Relationship to Child: _____

How you heard about us: _____

CHILD'S INFORMATION:

Name: _____

Age and Gender: _____

City and State: _____

Age, gender and cause of lost sibling: _____

(To maintain the integrity of the organization, we request this information. All details remain confidential unless permission is given otherwise.)

