TRU Community Care Seasons of Life Memorial Program
Submission Guidelines

As part of our Seasons of Life Memorial Program, we offer you the opportunity to share a story or memory about your loved one on our virtual Memorial Wall. Please include your loved one’s name and the contributor’s name(s). Photographs should be submitted in one of the following formats: jpg, gif or png. Files must be less than 5 MB.

Please send your story and/or photograph via email with the subject line: TRU Seasons of Life Memorial Wall – to abigailsmith@trucare.org. If you are unable to submit your release form, story, and/or photograph electronically, you may use the enclosed return envelope and the form on the other side of these instructions to mail or drop off your materials to:

Abigail Smith, Philanthropic Services Specialist
TRU Community Care
2594 Trailridge Drive East
Lafayette, CO 80026

TRU Community Care is happy to type your story and scan your photograph to be used in our Seasons of Life Memorial Program. All photographs will be returned. Please make sure to include your mailing address and phone number.

Examples of previous favorite memories:

“She loved all things bright and colorful. At her memorial service the choir sang “On Eagles Wings” which was very special to her. This summer a friend and I were on top of Grouse Mountain, the highest point in Mueller State Park, when a beautiful Golden Eagle came flying and gliding very close to where we were. I couldn’t help but smile and feel that she was there keeping watch over all of us that she left behind. The memory of that hymn and that eagle will stay with me for a very long time.”

“He was my pillar of strength. Friends remember his wonderful smile.”

“She was the million-dollar babe that I found at the 5 and 10 cent store.”

For more examples, please visit our Memorial Program at www.trucare.org

If you have any questions, please feel free to contact Abigail Smith at 303.604.5389.
Date: ______________ My loved one’s name: ________________________________

Submitted by: __________________________ Phone Number: __________________

Please share a story or memory of your loved one below. It may help to start with “my loved one was special because…”

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