
We need you.

Please help as **Jordyne Cares** strive to ease the financial burden of families that have endured what most of us can not begin to understand; *an illness which results in the death of a precious child*. This type of loss is impossible to imagine and even more difficult to live through.

Please take this opportunity to help **Jordyne Cares**. Your generous gift will honor the life of a child and assist a devastated family so they can begin the healing process.

Thank you!

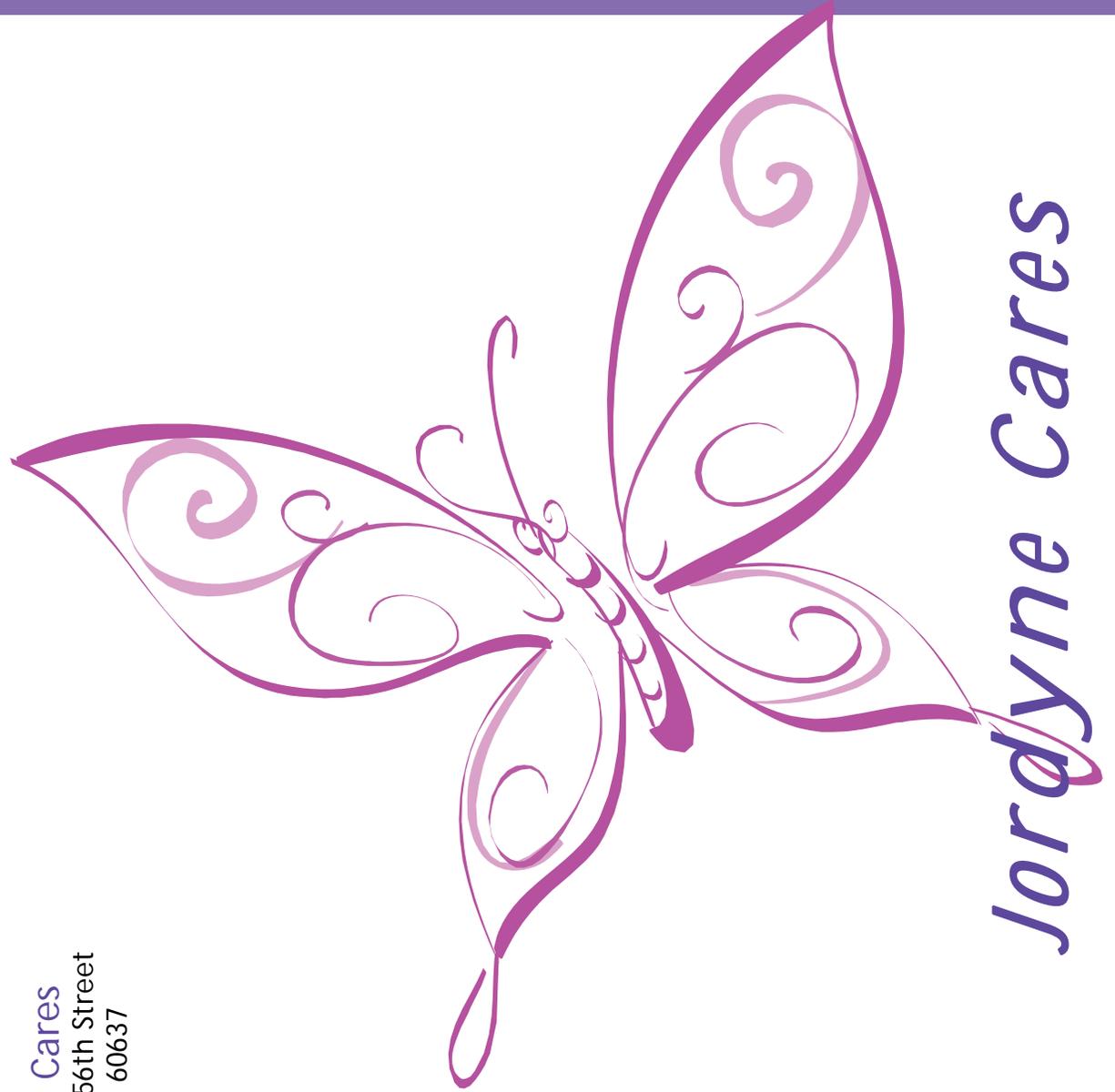
Benefiting



**Children's
Memorial
Hospital**

Where kids come first.™

Jordyne Cares
1642 East 56th Street
Chicago, IL 60637



Jordyne Cares

*Jordyne Cares...
We hope you will too.*



Jordyne

Jordyne L. Pullins was a beautiful nine-year-old girl when she passed away from an inoperable brain tumor. Jordyne brought joy and smiles to the faces of everyone she met. Her cheerful spirit was encouraging to other sick children in hospitals, where, despite her illness she was always the happiest patient. When asked what she wanted to be as an adult, Jordyne would simply say; *I just want to help people.*



As Jordyne's family we feel honored to continue sharing Jordyne's spirit with the world. Deirdre Pullins, Jordyne's mother, has chosen to share Jordyne's good will by launching *Jordyne Cares*, a newly formed non-profit organization, which is *"committed to assist in paying funeral cost for families facing the death of a sick child."*

When a child is stricken with an illness and dies as the result of that illness, the stress on the family can be unbearable. The emotional trauma coupled with the financial devastation that families are forced to endure can become debilitating.

Jordyne Cares will help ease the financial burden incurred by these families, by paying funeral costs, so that they may be able to move forward with dignity.

Phone: 773.952.8296
info@jordynecares.org
www.jordynecares.org

Get Involved!

Donate/Volunteer



Name _____

Address _____

City _____ State: _____ Zip _____

Home Phone: _____

Daytime Phone:: _____

Email Address: _____

Best time to contact you: _____ AM _____ PM

I/We would like to donate \$ _____

We would like to volunteer _____

Attached is a check made payable to:
Jordyne Cares for \$ _____

Please charge my credit card in
the amount of \$: _____

Visa _____ MasterCard _____ Discover _____

Card Number _____

Exp. Date _____ VID# _____

Signature _____