

# Community Support Group Information

Dear [Recipient's Name],

We understand that coping with loss can be a challenging journey. In light of this, we would like to offer information about our community support groups facilitated by the hospital's bereavement services.

## Support Group Details:

- **Group Name:** Healing Hearts Support Group
- **Date:** Every Wednesday
- **Time:** 5:30 PM - 7:00 PM
- **Location:** Community Room, [Hospital Name]
- **Facilitator:** [Facilitator's Name]

These groups provide a safe and supportive environment where you can share your experiences, connect with others, and begin the healing process together.

For further information or to register, please contact us at:

Email: [Email Address]

Phone: [Phone Number]

Thank you for your time, and we hope to support you through this difficult time.

Sincerely,

[Your Name]

[Your Position]

[Hospital Name] Bereavement Services