

Casualties of Homicide Society Messaging Opt-In Form

By signing below, I agree to receive informational and support messages from Casualties of Homicide Society at the phone number I have provided.

I understand that message and data rates may apply. I may opt out at any time by replying STOP or by contacting the organization directly.

Yes, I consent to receive messages.

Name: _____

Phone Number: _____

Signature: _____

Date: _____