

Yes, I wish to become a monthly donor and automatically become a member.

Our monthly giving club:

provides a secure funding base for Parkinson Society Southwestern Ontario (PSSO) and lowers administrative costs. This allows us to direct more money to our vital services throughout the region.

I wish to become a monthly donor by donating \$ _____ per month.

As a monthly donor, I automatically become a member (see membership benefits below).

By choosing a monthly gift I authorize PSSO to withdraw this amount from my chequing account on the 15th of each month or to debit this amount from my credit card on the 15th of each month.

- Please withdraw the amount above from my bank account each month. I have enclosed a VOID cheque.
- Please charge my credit card each month for the amount indicated above. My credit card number is below.

Membership Benefits

There is strength in numbers. A strong, supportive membership:

demonstrates a commitment to the work of our organization; strengthens our credibility and strong connection to the community; lends weight to our requests for funding from foundations, government or corporations; influences our community leaders to listen when we speak to them about issues that affect people with Parkinson's, their families and caregivers.

Members receive direct benefits. Membership entitles you to:

receive a donation receipt; carry a membership card; receive *The Parkinson's Update*, a bi-annual magazine with helpful information and strategies for living well with Parkinson's; receive advance notice of events, educational workshops and seminars through regular member mailings. Upon request, receive an *Aware In Care* kit. Your membership will also allow you to vote for the PSSO board members at the Annual General Meeting, as well as any motions that require a vote of the membership during the PSSO year as defined in our By-Law. This membership is valid from now through fiscal year ending December 31st, 2018.

NAME _____ EMAIL ADDRESS _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE (home) _____ (work) _____

Payment by: Cheque Visa MC

Credit Card #: _____ Expiry mm/yy: _____ Signature: _____

I wish to become a 2018 member only.

- I wish to renew / become a member by making a payment of \$30.
- I wish to make a donation over and above my \$30 membership in the amount of \$ _____
- Please accept my one time donation of \$ _____