

HOPE IS CLOSE TO HOME

JOIN OUR PARKINSON'S FAMILY

When you or someone you love is diagnosed with Parkinson's, the first question often asked is "where do I go?" Our answer is simple: home. Parkinson's Society Southwestern Ontario (PSSO) is that home.

Home for all those living with Parkinson's Disease in Southwestern Ontario. Home for you to find services, workshops, and groups dedicated to growing support and the community around Parkinson's Disease. Home for education, advocacy, and research initiatives built on spreading the awareness, care, and support for Parkinson's Disease.

But most importantly, home for You.

We understand the importance of togetherness, and bring that understanding into all of the work we do. Being part of our Parkinson's family, means working together to achieve our goals.

Our unwavering goal is, was, and always will be to create the very best community for everyone living with Parkinson's in Southwestern Ontario. By becoming a member, for as little as \$5 a month, this is the work you make possible.

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
- Automatically be signed up to receive The Parkinson's Update, a bi-annual magazine with helpful information and strategies for living well with Parkinson's
- Receive advance notice of special events, educational workshops and seminars through regular member mailings and e-news
- Receive an Aware In Care kit (Upon request)
- Vote for the PSSO board members at the Annual General Meeting and any motions that require a vote of the membership during the PSSO year as defined in our By-Law. This valid until termination of monthly donation.



Yes! I'd like to join the Membership Program!

As a member, I recognize that my monthly contribution (of a minimum of \$5/month) will allow Parkinson Society Southwestern Ontario to continue the important work of supporting people living with Parkinson's Disease in my community.

Monthly Gift Amount

- \$5
 \$10
 \$25
 \$50
 \$100
 Other \$ _____

Please charge my credit card the following amount on the 15th day of each month.

Mastercard Visa

CARD NUMBER

NAME ON CARD

_____/_____
EXPIRY

Please withdraw the following amount from my chequing account on the 15th day of each month. (Include a VOID cheque)

Note: You can change your amount or opt out at any time by giving us a call

Help us keep in touch with you!

Email: _____



For more information or to give a gift by phone, call us at the number listed below.