"Education" MDDA "Support"

The Thermometer Times

Published by The Manic Depressive and Depressive Association of Riverside, California

VOL. 11 NO. 9 | Out of darkness . . . | September 2001

Dates to Remember

****

CARE & SHARE GROUPS

Clients and their guests are invited to come and participate. Professional care providers are always welcome.

Saturdays, September 1, 8, 15, & 22

10am–12 noon

at Riverside County Mental Health Administration Building

(see page 9 for address)

Coming October 20th
Kent Layton, PsyD.
Aurora Behavioral Center
San Diego
The Panic Personality, Triggers, and Resolutions Tactics
Don't Miss It!

IT IS ESSENTIAL TO BE ON TIME in consideration for others in the group.

I n fact, please come early to socialize, sign in, or help set up the room.

Directions to Jo Ann Martin's Home

Exit 91 Frwy at Van Buren. Go south 4.2 miles on Van Buren to Whispering Spur. Turn left.

2nd driveway on right

16280 Whispering Spur,
Riverside, CA 909/780-3366

Cause of Manic-Depression?

New Research at Michigan Points to Neurochemical Explanation

People with bipolar disorder have an average of 30 percent more of a class of signal-sending brain cells, according to new evidence being published by U-M Medical School researchers. The finding, in the October 2000 issue of the *American Journal of Psychiatry,* strengthens the idea that the disorder has biological and genetic roots.

The discovery is the first neurochemical difference to be found between asymptomatic bipolar and non-bipolar people. "To put it simply, these patients' brains are wired differently, in a way that we might expect to predispose them to bouts of mania and depression," says Jon-Kar Zubieta, M.D., Ph.D., assistant professor of psychiatry and radiology. 'Now, we must expand and apply this knowledge to give them a treatment strategy based on solid science, not on the current method of trial and error. We should also work to find an exact genetic origin, and to relate those genetic origins to what is happening in the brain."

Zubieta and his colleagues made the discovey *in 16* patients with type I bipolar disorder using positron emission tomography, or PET. The Scans let them see the density of cells that release brain chemicals such as dopamine, serotonin, and norepinephrine, which together are known as monoamines. Monoamines are involved in mood regulation, stress repsonses, pleasure, reward, and cognitinve functions. Scientists have hypothesized their role in bipolar disorder for decades but have never proven it.

The new U-M result points to a clear difference in the density of monoamine-releasing cells in the brains of bipolar people even when they are not having symptoms. Using the PET scanner to examine areas of the brain where monoamine-releasing neuronal transmitters are concentrated, the team looked for the signal of radiotracer DTBZ, which they had injected into the bloodstream of the 16 participants and 16 people without bipolar disorder. The patients and control subjects had been carefully matched for age, gender and educational status.

DTBZ binds only to a protein called VMAT2 inside the synaptic connections of monoamine-releasing cells, making it a good tracking device for the density of those terminals. It is also often used in PET scanning to study Parkinson's disease, which is characterized by a severe shortage of cells that produce dopamine. On PET scans, DTBZ density — and therefore monoamine cell terminal density— can be quantified by the amount of radioactive signal present in different areas.

Continued on page 2 (Cause - MD)

Cause - MD (continued from page 1)

By looking at the intensity of the DTBZ signal in all the subjects' brains, the U-M team found that bipolar patients averaged 31 percent more binding sites in the region known as the thalamus, and 28 percent more in the ventral brain stem. Zubieta and his colleagues hope their initial finding will lead to further research on brain chemistry and bipolar disorder. Specifically, more study is needed to examine which kinds of monoamine cells are involved. Zubieta especially suspects those that produce serotonin and norepinephrine.

The study was funded by the U-M's General Clinical Research Center, by the National Alliance for Research on Schizophrenia and Depression, and by the Mental Illness Research Association's Arthur Forrest lull II Research Fund.

Zubieta can be reached at: zubieta@um ich.edu.

— Kara Gavin

Find the complete version of this article at:
http://www.medumich.edu/opm/newspagbipolar.htm

Source: Medicine at Michigan University of Michigan Medical School, Winter 2001 and MDDA Detroit newsletter, August 2001

Bipolar disorder-related items...

Children as young as 7 can develop bipolar disorder, and the illness in young children resembles the most severe form of the disorder in adults, according to researchers at Washington University School of Medicine in St. Louis.

Some 268 children (93 with bipolar disorder, 81 with attention deficit hyperactivity disorder and 94 with no symptoms) were a part of the study.

"Typically, adults with bipolar disorder have episodes of either mania or depression that last a few months and have relatively normal functioning between episodes," said Barbara Geller, M.D., the study's principal investigator. "But in manic children 21 we have found a more severe, chronic course of illness. Many children will be both manic and depressed at the same time will often stay ill for years without intervening well periods, and will frequently have multiple daily cycles of high and lows."

The researchers also wanted to determine how to distinguish between similar symptoms of bipolar disorder and ADHD.

Source: ADAMhs Advantage, Aug/Sept 2001

We are now officially on the web.
Check it out at:

http://www.geocities.com/mddariv/

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You may now contact us via e-mail at:
MDDAOFRIV@AOL.COM

Conference News for 2001

CDMDA

October 26 & 27 Visalia, California

Plan for these now...you won't want to miss them!
More information in next issues.

Rooms - $74.00 per night (up to 5 persons to a room
Registration - $ 65.00 - Clients, full conference

Where Clues Lie Sleeping

Sleep disturbances and depression are anything but strange bedfellows. Nearly all depressed individuals experience sleep problems. At least 80% complain of insomnia—difficulty falling or staying asleep. Indeed, early-morning awakening is a hallmark of the mood disorder. Another 15% of the depressed are hypersomniac and sleep excessively.

Yet exactly how disturbed sleep and depression fit together is one of the continuing puzzles of neuroscience. Many mental health experts believe that sleep is the primary window into the brain and holds some key secrets of mood disorders.

For example, says psychiatrist J. Christian Gillin, M.D., about a third of the general population experiences a bout of insomnia perhaps once a year. It's usually short lived and stress related. About 10% of the population have more chronic insomnia.

Nevertheless, there is increasing evidence that people who experience chronic insomnia are likely to develop major depression in the future. A professor of psychiatry at the University of California and San Diego Veterans Administration Medical Center, Dr. GiIlin points to a study that has tracked former Johns Hopkins medical students over the decades. One major finding: Those who experienced bouts of insomnia in med school developed chronic depression—in some cases 30 years later. One of the biggest clues to depression may lie in readiness for dream sleep. Normal sleep has a well-defined architecture. EEG studies show that four or five times a night, we cycle through several periods of deepening sleep, then burst into dream sleep, marked by dramatic brain activity and rapid eye movements (along with body-muscle paralysis). But this architecture of sleep goes awry in about 30% of the depressed.

They are on a fast track to dreamland, which sounds like a good thing, but isn't.The time from the first stage of deepening sleep to REM sleep is truncated. Recent studies have shown that people with shortened REM latency often have many first-degree relatives with depression.

"Shortened REM latency seems to be a marker within families for vulnerability to depression," says Dr. Gillin. 'It even continues after recovery from depression."

As a result, shortened REM latency may serve as an indicator of those for whom early protective measures might ward off full-blown depression. the only problem is, REM latency can only be detected in a sleep lab, with patients hooked up to brain monitors overnight.

Researchers are looking for other ways of detecting disordered dream states.

One of the more curious phenomena in depression is that some of the most popular drugs used to treat it, the serotonin reuptake inhibitors (SSRIs), actually often create sleep problems themselves, especially Paxil and Prozac. And yet many who take SSRIs subjectively feel they are sleeping better as the drug improves their mood.

"Sleep problems with SSRls often lead to issues of comp1iance with antidepressant treatment, says Dr. Gillin. Yet he advises patients to bear with it because the depression will ultimately lift and sleep problems diminish.

Among bipolar patients in the depressed phase, however, antidepressant-caused insomnia poses a special risk. Sleep deprivation can switch them into mania. Indeed, many bipolar patients report that manic episodes followed a period in which they were unable to sleep or endured jet lag.

Of all the mysteries of unipolar depression, a condition marked by sleep problems to begin with, the most clinically useful may be the paradoxical observation that keeping people awake may actually help them get better. Sleep deprivation, especially at the end of the night (awakening patients early) improves mood in 30% to 60% of cases, and patients feel better over the day.

"The effect is very robust," says Dr. Gillin. "It's very easy to do. It's very safe, except in bipolar patients. It's extremely inexpensive. And it is the only antidepressant therapy that works immediately.' The downside is, once patients sleep again, they wake up depressed the next day. Although the antidepressant effect is short-lived, Dr. Gillin thinks it's critical that depression can be turned on and off. "If we could understand the mechanism of sleep deprivation, we could probably approach depression treatment in entirely new ways.

In the meantime, a variation on sleep deprivation known as phase advance is making headway. Patients are kept awake all night, then put to bed early the next day, at 5 p.m. for a full eight hours.The next night they go to bed at 7 p.m. for eight hours, 9 p.m. the following night, until they reach an II p.m. bedtime. German researchers report this not only improves mood but, also maintains the gains.

The theory is that among those vulnerable to depression, sleeping at a critical phase of the night—4:30 to 6:30 a.m.—brings on depression.That is a time when the body begins biologically preparing for function, including increased secretion of stress hormones. "The early morning awakening that happens in depression," suggests Dr. GiIlin, "may be the body's attempt to avoid sleeping in that time."

Phase-advancing sleep may be a useful treatment for depressives who eschew medication. It may also jump-start antidepressant drug therapy. Says Dr. Glum: "It's an exciting new opportunity."

Source:Psycholoy Today, Blues Buster, Aug,/Sept., 2001

Health Online

In the fall of 1999, Harris Interactive surveyed 1,006 adults on the subject of their health and the Internet, leading the firm to estimate that 70 million Americans have surfed the Net for health information. A second poll asked what illnesses they most commonly researched. Here are the top five:

Depression 19%

Allergies or sinus 16%

Cancer *15%*

Bipolar disorder 14%

Arthritis or rheumatism 9%

Source: MDDA of Greater Detroit newsletter, Aug. 2001

MDDA of Metropolitan Detriot holds Conference in September

I am so pleased that the Manic-Depressive and Depressive Association of Metropolitan Detoirt is holding a wonderful conference on the 29th of September.Why am I pleased? Mostly because I was the founder of this group. They not only have grown and offer a host of terrific programs, some time ago they hosted a National DMDA's conference. I sure wish I could attend as the program looks very impressive but I might run into some old friends. If anyone has a relative to visit in the Detroit area around the end of September and would like more information, call our office and we will supply you with it. The cost is very reasonable.

And if anyone from MDDA - Detroit is reading this newsletter,

Congratulations!

Jo Ann Martin, President
MDDA - Riverside, CA

AN ORGINAL FROM ONE OF OUR MEMBERS

RECOVERY TOPICS
Finding Our Voice! Ending The Silence

by Mary Ellen Copeland

Speak out! Speak out! Speak out! If I said this a million times it would not be too much.

I have been doing mental health recovery education for 12 years now. Through that time I have maintained my focus on simple, safe, non-invasive self-help strategies and skills that will help people to feel better. While doing this work I have held the vision that the mental health system would come to appreciate that people can recover and would work with people to assist them in their recovery. Care providers would come to realize that each person must be in charge of and responsible for their own recovery, that they would see the value of validating a person's experience and of peer support. They would support empowerment, personal responsibility, self-advocacy and education for every person.

And, in fact, some of this has come to pass, in places where wonderful work is being done and progress is being made. There are hundreds of recovery educators, many of whom have been users of services, who are teaching others how to develop Wellness Recovery Action Plans and showing them that there are choices they can make in their lives. Mental health commissioners and systems are changing their focus to recovery. Hard working health care providers are joining the ranks of people who understand that these symptoms are not the "end of the road" but are part of the process. Care providers, family members and friends rejoice in our progress.

But there are still many people who are being forced or coerced into treatments and lifestyles that are not their choice. Many people continue to be repressed and stigmatized. Many are being physically and emotionally abused. Many are told they have a medical illness or a "broken brain" and then are punished for their symptoms—symptoms which are often extremely painful and terrifying. And many people stop fighting and end their lives.

Meanwhile, many of us remain silent. Perhaps we have been taught to be silent, taught that we have nothing of value to say and that we must let others determine the course of our lives. We may have been taught or feel that those of us who experience psychiatric symptoms are incapable of rational thinking and of speaking out. We may remain silent because we are part of a minority and our views have often been ignored. Some of us may even fear retribution, such as diminishing support and services, separation from our families, homelessness, or worse if we don't do as we are told. Maybe we just don't know what to do or how to begin. Sometimes it's just easier to look the other way and pretend it isn't happening.

So while I continue to teach about

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Recovery (continued from page 4)

common sense recovery systems that have been overlooked far too long, in this newsletter, in my writings and presentations, you will now hear a stronger voice. A voice that says we must stop this injustice now. We must all speak out—and that includes me.

Many of you are already speaking out. But many more voices are needed. Those of you who can speak from experience but have lost your voice, your voice is important. If you feel like you never had a voice, try using it. The more you use it the easier it is. In order for injustice to be overcome it takes many voices. And the voices we most need to hear are from those of us who have been silenced. It is the only way we can create the change that must happen—many voices speaking as one.

How Do You Find Your Voice?

Learn your rights! A list of basic human rights was published in issue 1.2 of this newsletter. These rights include the kinds of things most people take for granted, such as the right to change your mind, to follow your own values and standards, to say no to anything when you feel you are not ready or it is unsafe or it violates your values, to determine your own priorities, to meet your own needs for personal space and time, to decide on your own treatment, to be playful and frivolous, to be in a non-abusive environment, to have the friends of your choice, and to be treated with dignity and respect. If you would like a copy of these rights, please contact the office to request back issue 1.2.

2. Begin practicing using your voice in small ways that feel safe to you. It might be telling someone that you won't give them a cigarette or buy them a beer, that you will do the dishes or take your shower when you want to, that you will decorate your room the way you want it, that "your" treatment plan must reflect your goals and dreams, that if you didn't develop it, it is not your treatment plan, that you will decide what you will put in your mouth or do to your body, that you will choose your own friends.

3. When you feel that you have had enough practice, think about something "bigger" in your life that you want and need to address. It might be insisting on a change in medication from one that causes side effects that are making you miserable, It might be finding good housing or getting work that uses your special skills and talents. Lack of self-esteem and fear of authority may have kept you from addressing some issues in the past. Remember, you are as important and special, and probably as smart, as anyone else—even the people who represent authority figures in your life. Regain a strong sense of yourself and the great person you are by 1) writing a paper that lists all your positive attributes, strengths and accomplishments, and reading it over and over, 2) asking people who like you, people that you trust, to make a list of your strengths that you can read whenever you have a chance, 3) taking very good care of yourself, and, 4) working toward meeting your goals and dreams. You deserve the very best that life has to offer!

4. Talk with your supporters about what you would like to do—what change you would like to create in your life or in the world. Plan a strategy, and revise it as you learn more. If your strategy includes talking with an "authority figure" that you feel may be rude or threatening, take a supporter along with you. Then ask for what you want and need. If you are told that you can't have it, tell them again. Keep telling them. If necessary, see someone else. But don't stop until your voice is heard and you get what you need and want for yourself.

5. When you have had some practice with the previous steps, you may feel ready to speak out about more universal mental health issues, like the use of isolation and restraints, abuse, forced treatment, poor treatment, incarceration and keeping people tied into the system

continued on page 7 (Recovery)

Who Are You?

Sandy would like to interview members for a brief personality profile that we can publish in *The Thermometer Times.*
If you would enjoy participating in this, please call her at 909/688-0368.

Alliance Library

1215 N. Buena Vista
Suite K
San Jacinto, CA

Open 1 p.m. to 3 p.m.
Tuesday, Wednesday,
Thurday, and Friday.

654-7569
927-2546
658-5335
927-5642

The public is invited to check out books, videos, audio tapes and materials on emotional disorders, their causes and treatments. Education and knowledge are powerful tools to develop understanding and compassion.

From Florida Ave., go north on San Jacinto Ave. to Esplanade. Turn left. Turn right at Buena Vista. Continue to the end of the street, and turn into the driveway. Suite K.

Riverside Suicide Crisis Help Line

Call

(909) 686-HELP

[(909) 686-4357]

24 hr. Hotline

7 Days a Week

GOT E-Mail?

If so, join **NAMI Stigma Busters** E-mail network. Help flood stigma-builders when they do or say offensive things that create stigma. Go to NAMI website: http:/www.nami.org click on **Campaign Page** then **Stigma**. Leave your name and address. Done!

Don't Forget

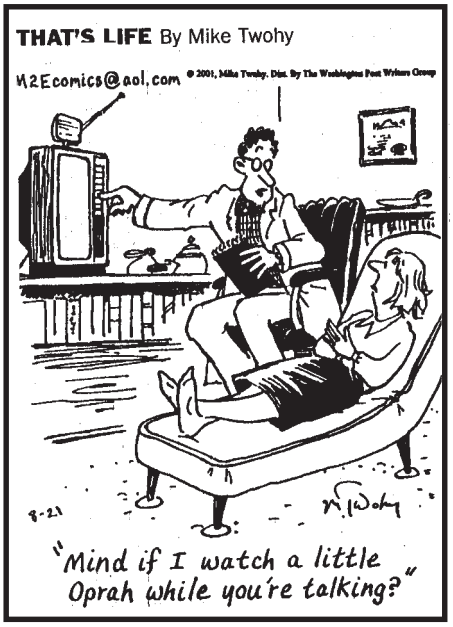
National Depression Screening Day
October 11, 2001

Screening forms in Spanish will be available.
A list of sites in your area will be available soon.

Touch

Excerpt from *McCall's,* May 1999

Psychologist Sidney Journard, Ph.D., visited cafes around the world and recorded how many times family members sitting together reached out to each other. In San Juan, Puerto Rico, there were 180 contacts per hour. In Paris, 110. In Florida, a measly two. Source: Tampa Bay, Aug./Sept., 2001



Phone Phriends

If you need someone to talk with, you may call one of the following members at the corresponding times.

Leroy
6 a.m. to 9 p.m.
(909) 686-5047

Sandy
3 p.m. to 9 p.m.
(909) 688-0368

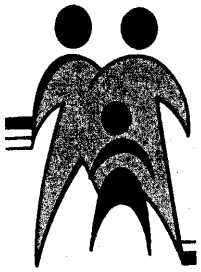
Josie
10 a.m. to 9 p.m.
(909) 822-1928

Arnold Oberg
(909) 685-1663

Georgia Ann
6 a.m. to 9 p.m.
(909) 352-1634

Georgia Peterson
12 noon to 6 p.m.
(909) 354-8727

Marlene and George
Before 9:30 a.m.
and from 8 p.m. to
12 midnight
(909) 685-6241



Family/Friends Support Groups

Riverside County Dept. of Mental Health
Offers Support groups for families and friends
of people with severe
and persistent mental illness.
These Support Groups are offered
throughout the County of Riverside.

The County also offers the
NAMI Family-to-Family Education Program
This program is a 12-week series of
educational meetings for
family members.
There is NO COST TO YOU.

For information on dates, times and location,
Please contact:

Riverside Co. Dept. of Mental Health
The Family Advocate Program
(909) 358-4987/1-800-330-4522

Columbia Presbyterian Medical Center

is conducting Bipolar Genetic Studies. These are for families with at least two living members who have had a manic or schizo-affective episode. You may learn more by loggin g on to their website: (http:bipolar.hs.columbia.edu) or by calling the toll free number 888-219-2140. Some handouts will be available for you to pick up at our weekly meetings.

These are important studies...join in to make a difference!

Columbia Presbyterian Medical Center,
Department of Medical Genetics & Department of Research Assessment and Training. 1501 Riverside Drive, Unit 123
New York, NY 10032-2695

Recovery (continued from page 5)

who don't need to be there. Get together with others who are working for this cause. You may need to set up meetings and gather people together. If so, please do it. You can work together to strategize as a group about how you will meet this need. Taking action together is very empowering. Visit the National Protection and Advocacy web site at www.protectionandadvocacy.com if you feel your rights are being violated or for more information.

6. Whenever you feel comfortable, start sending e-mails, letters, phoning and meeting with public officials and others who have the ability to facilitate much needed system change. David Oaks, Director of Support Coalition International, can put you on an e-mail list so that you will be advised of issues related to psychiatric injustice that demand response. Then you can join thousands of others who have responded to this need and ended injustice for many. His contact information is:

   David Oaks, 454 Willamette, Suite 216, (P0 Box 11284), Eugene, OR 97440, USA. Toll free: 1-877-MAD-PRIDE

   Web address: www.MindFreedom.org

   E-mail: oaks@mindfreedom.org. General info: office@mindfreedom. org.

   Phone: 541-345-9106. Fax: 541-345-3737.

Keep In Mind

As you take up this challenge to speak out, you are certain to meet obstacles. Don't let them cause you to back away. With our collective courage, strength and persistence, wecan surmount these obstacles and create a sys tem that works for everyone.

continued on page 8 (Recovery)

ORIGINAL MATERIAL WANTED

Do you have a story to tell, or a poem or art work?
We welcome submissions
to our newsletter.
If you have something you think
we could use, please send it to:
EDITOR
MDDA P.O. Box 51597 Riverside, CA 92517-2597
FAX 909/780-5758

Recovery (continued from page 7)

Guidelines For Speaking Out

*Educate yourself about the issues. Read. Explore the internet. Go to meetings. Know the issue. Decide how you feel. Then speak out where you will be heard—contact key officials, go to board meetings, write letters to the editor, call in on talk shows, send e-mails.

*It takes many people to create change, not just one very strong individual. Beware of people
who want to be the only one in charge or the only one speaking out. Circumvent them as kindly as possible.

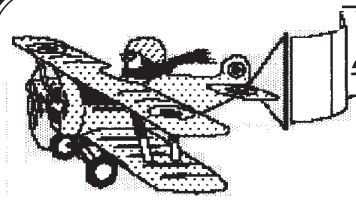
*Treat others with dignity, compassion and respect, listening to their views and challenging them when necessary. Insist that others treat you well, even when you are saying things that they don't want to hear.

*Stay as calm as possible when speaking out. If you "lose your cool" you will be accused of being "just another mental patient." You can let out your frustration when you are alone or with good friends.

*As you find your voice, you may be tempted to talk too much—to go on and on and on. This is never a good idea. If you do this, you silence the voices of others who also need to be heard. Strongly and briefly make your point. Then give others their chance to speak. Again, it is the voices of many, not just one, that will make the difference!

Source: Sad and Glad Times,

Davenport, Iowa, Summer 2001



ANNOUNCEMENTS

THE UPLIFTERS
(Christian emphasis) meets at
Victoria Community Church
Contact Arlie (909) 780-0379

UPLAND DMDA
FONTANA DMDA
Meet Thursday evenings
Call David or Samantha Johns
(909) 947-1307 OR
e-Mail dmjbf@aol.com

HEMET SUPPORT GROUP
"Foundations" meets every
Tuesday 7–9 pm.
Trinity Lutheran Church
Please call (909) 658-5013

TEMECULA DMDA
Meets every Tuesday 11 am–1 pm.
41002 County Center Dr.
Contact Mark at: (909) 507-1365

UPS & DOWNS - Riverside
Call Family Services at
(909) 686-3706

For Support People: AMI - Riverside Mental Health Administration Building, 4095 County Circle Dr. (off Hole Ave. near Magnolia) 7:30 pm, 1st & 3rd Monday each month (909) 737-5747 (call FIRST)

Calling all interested consumers.

We are looking for consumers who are interested in sharing their personal recovery story.

Living With Schizophrenia and Other Mental Illnesses *(LWSIOMI)* is a recovery-education program given by trained consumer presenters for other consumers, family members, friends, professional, and lay audiences.

Individuals need not be active in mental health advocacy at this time, but they:

- *"have been there"*
- are in recovery
- believe in treatment, with medication as the cornerstone for recovery
- must be able to present professionally
- have the time to be trained, and periodically present 1 1/2 to 2 hour workshops, often during working hours.

Stipends will be paid for presentations.

NAMI - - Living With Schizophrenia
and Other MentaI Illnesses

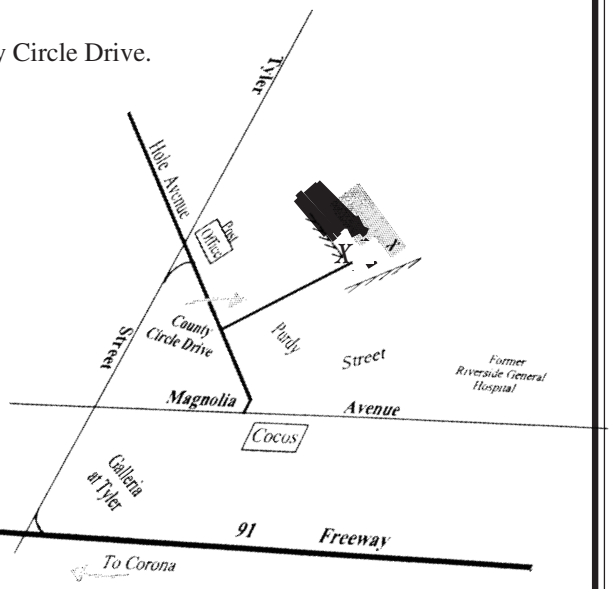
Please call for more information:
Lisa Partaker, Program Coordinator (909) 686-5484 or email: llpartaker@excite.com

A collaborative effort brought to you by:
Riv. County MH Dept. — NAMI, Western Riverside County —
Jefferson Transitional Programs

MDDA of Riverside
Map Legend

= Meeting Location
= Parking

Buses 1 and 13 stop on Hole near County Circle Drive.
Bus 12 stops at Tyler and Hole



ABOUT MDDA

MDDA Of Riverside is a support group for manic-depressives and depressives who have sought or are seeking treatment for their illness. MDDA is totally patient run, which means we need volunteers like you to help with mail-outs, telephoning and planning. A work time is held at the home of Jo Ann Martin on the Saturday afternoon following the last Rap Group Meeting of each month to assemble the newsletter for mailing. Directions are printed on the lower left corner of the front page of this newsletter. You may reach Jo Ann or Leroy at (909) 780-3366. Our Rap Group Meetings are on the second, third and fourth Saturdays of the month from 10:00 a.m. to 12:00 noon at the Riverside Mental Health Administration Building, 4095 County Circle Drive (off Hole Avenue near Magnolia), Room A.

MEMBERSHIP INFORMATION

Individual membership for the Manic-Depressive and Depressive Association of Riverside is $15.00 per year. This helps defray the cost of the monthly newsletter and helps pay for the cost of our meetings. Subscription to the newsletter is $8.00 per year. If you are unable to help financially, the newsletter may be sent upon request. Volunteers are always needed. If you would like to volunteer, indicate below.

Mail to MDDA of Riverside, 16280 Whispering Spur, Riverside, CA 92504

DATE _____ Please Print ❒ New ❒ Renewal

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE ___ ZIP _____

Please check one of the following:

I have: ❒ Manic-Depression ❒ Depression I am a: ❒ Family Member ❒ Professional

❒ None of the above Birth Date (Optional) : Month _____ Day _____ Year _____

Enclosed is my payment for MDDA Membership _____ $15.00 (includes newsletter).

Enclosed is my donation of $ _____ to help others receive the newsletter.

I would like a subscription to the newsletter only. ❒ $8.00 (12 issues per year).

I would like to volunteer my time and talent to help. ❒