

Your gift through the GEM Plan will help people with spina bifida and hydrocephalus battle their related disorders such as latex allergies, diminished mobility and learning disabilities.

Todd and Cindy, a young couple anxiously awaiting the birth of their first child are stunned when told by their physician that their child will be born with spina bifida and hydrocephalus. Their physician hands them a booklet called "A Prenatal Diagnosis of Spina bifida and/or Hydrocephalus", (produced by SBHAC). Todd and Cindy are able to learn more about spina bifida and hydrocephalus and make informed decisions for themselves and their unborn child.

Amy, a 9-year-old girl recently moved with her family to a new community. Her mother Anne is anxious when she takes her daughter to school to meet her teachers, because Amy has spina bifida and hydrocephalus and is in a wheelchair. Amy is also showing signs of a mild learning disability. Anne is not sure if the teachers will accept Amy's disability... The teachers at Amy's school have already done their homework and have "Students with Spina bifida and/or Hydrocephalus - A Guide for Educators" (produced by SBHAC) and are prepared help Amy with a positive educational experience.

Because of the support of our donors, we are able to help people like Todd and Cindy and Anne and Amy, by developing resources; by providing public awareness about spina bifida and hydrocephalus; by providing awareness about the importance of folic acid in lessening the risk of developing neural tube defects during pregnancy and by providing information to parents, physicians and individuals concerning hydrocephalus, whether accompanying spina bifida at birth, or acquired later in life.

Your thoughtful and generous monthly gift will help ensure that we continue to provide supports and services that assist people affected by spina bifida and/or hydrocephalus.

You'll find that contributing a small amount monthly is easy on your budget and a real help to ours. It means better planning, reducing fundraising expenses, and better use of resources.

Become a GEM member today – It's About Life

How it works:

- 1) Indicate on the enclosed form that you wish to donate **monthly**, using post dated cheques, or pre-authorized withdrawals from your credit card – please sign the appropriate area on the form and submit your completed post-dated cheques.
- 2) If you would rather give a "one time" or yearly donation, fill in the appropriate information.
- 3) Tax receipts are issued immediately for all one time gifts in excess of \$10.00 and annually in January for all monthly donors.

Helping others – now and tomorrow!

Please help us be there beyond your lifetime. Leave your Legacy by naming SBHAC as beneficiary in your will, by transferring ownership of a life insurance policy, or arranging for SBHAC to be a beneficiary of your life insurance, RRSPs or RRIFs.

You can help future generations now.

For more information about leaving your legacy, please fill in the response section provided, call us at 1-800-565-9488, or Email info@sbhac.ca.

If you are considering leaving a legacy, we strongly advise you to talk to your family, your financial planner and your lawyer.

GEM Plan

When you give a monthly pledge, you are helping people with spina bifida and hydrocephalus and their families 365 days a year.

Yes, I want to become a monthly donor and help individuals with spina bifida and/or hydrocephalus. I understand that I may cancel my contribution at any time with written notice.

I authorize the Spina Bifida and Hydrocephalus Association of Canada (SBHAC) to receive the following monthly donation:

\$50 \$25 \$15 \$10 \$ _____

...OR...

I have enclosed postdated cheques made payable to SBHAC

...OR...

Please deduct this amount from my

MasterCard Visa
Beginning _____ month _____ year

Card # _____ Expiry Date: _____ Signature _____

ONE TIME GIFT

Enclosed is my cheque payable to SBHAC.

<input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$35 <input type="checkbox"/> other _____

I prefer to use my credit card. Please charge my
 MasterCard Visa

Card # _____ Expiry date: _____ Amount \$ _____
--

Signature _____

Name: _____
Address: _____
Phone: _____



Spina bifida and hydrocephalus & Hydrocephalus
Association Canada
Association de Spina-bifida et d'hydrocéphalie du
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The GEM Plan

Giving Every Month

It's
About
Life

