

SHARE & CARE

THE RECOVERY OF HOPE - THE HOPE OF RECOVERY

GRIEVING LOSSES SURROUNDED BY UNCERTAINTY

Understanding, Coping, and the Myth of Closure

AMI-Quebec's Annual Mental Health Forum
(Formerly the Low-Beer Memorial Lecture)
Thursday, October 17, 7pm
Oscar Peterson Concert Hall, 7141
Sherbrooke West
and online at amiquebec.org/forum

“Ambiguous loss is a loss that remains unclear and without official verification or immediate resolution, which may never be achieved. The people we love can be physically gone but kept psychologically present – or the opposite, physically present but psychologically gone. We feel our grief, but because no death has occurred or been verified, it is often criticized as premature. Ambiguous losses then lead to a disenfranchised grief because others do not see the loss as credible and worthy of grief.”

– Dr. Pauline Boss

This can be the case when serious mental health challenges strike. Mental illness often changes the trajectory of the diagnosed individual, and also wreaks havoc on the entire family. Changing expectations and gradual acceptance are accompanied by a sense of loss and grief. There may be no closure, but rather learning to live with the ambiguity, uncertainty, and grief.

Multilevel ambiguous losses were experienced during the COVID-19 pandemic and continue in the face of climate change and many other current crises throughout the world, leading to an increased anxiety



and anger.

Dr. Pauline Boss, Professor Emerita at the University of Minnesota, coined the term Ambiguous Loss, and will be the keynote speaker at the AMI-Quebec Annual Mental Health Forum (formerly the Low Beer Memorial Lecture). She will address the challenges presented by ambiguity, as well as ways to make peace with it and move forward

despite its presence. Two individuals experiencing ambiguous losses will share their personal stories. The event will be moderated by CBC Radio host Sonali Karnick. □

Making the most of summer



Our picnic in August with some of our volunteers and friends!

Myth Busters: Borderline Personality Disorder

Welcome to a new series of articles that will look at specific mental illnesses and bust preconceived notions about said illness. We are starting off with Borderline Personality Disorder (BPD).

MYTH 1: Only adults can have Borderline Personality Disorder

It may be more difficult to diagnose BPD in teenagers since adolescence is riddled with mood fluctuations and a lot of changes, but it is still possible. Research demonstrates that children as young as 11 years old are able to describe their symptoms well enough for a diagnosis. Additionally, the Diagnostic and Statistical Manual of Mental Disorders (DSM) does not explicitly say that an

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Myth... continued from page 1

individual must be 18 years old for a diagnosis, so it is possible for someone in their teenage years to be diagnosed with BPD.

MYTH 2: Those with Borderline Personality Disorder are difficult and/or act out to get attention

People with BPD get a bad reputation. They are often described as difficult, needy, etc. People with BPD, due to their condition, might at times behave in ways that makes relationships difficult and that can cause distress to people who care for and about them. In periods of distress or crisis, people with BPD may act out. However, they are not acting out to get attention from others. It may be that they are having difficulty controlling their behaviour; it is a way for them to reach out for help. The fear of abandonment is prominent in those with BPD, and it can come into play heavily in the way someone is acting, but that is because they want to feel better and not be left alone by those they care about. Their actions can be an attempt to control and survive the emotions they are experiencing.

MYTH 3: If you have Borderline Personality Disorder, you cannot lead an independent life with meaningful relationships

This is completely false! Many people with BPD lead fulfilling lives even with the difficulties that can come with BPD symptoms. There are many different types of therapy that can help an individual, such as Dialectical Behavioural Therapy, the most popular type of therapy today for those with BPD. There are also certain medications like antidepressants and mood stabilizers that can aid a person in their daily life.

Having the support of those around them can immensely help an individual lead a fulfilling life as well. They feel like they are not alone and that they can count on those around them.

There are also different ways to help cope and regulate emotions that can help someone live their life to the fullest and in the way that they want.

MYTH 4: You have to have childhood trauma in order to develop Borderline Personality Disorder

Although some people with BPD might have childhood trauma like abuse or neglect, that is not the case for everyone. Not everyone with BPD has childhood trauma, and not everyone with childhood trauma will develop BPD. There are many reasons why someone might develop BPD and research is still exploring possible causes, like genetics and the role of the brain's structure.

MYTH 5: Borderline Personality Disorder only affects women

Early studies of BPD found that women were more affected than men, but more recent studies are showing that women and men are more equally affected than was originally thought. Women and men often show their symptoms differently, and this could possibly account for why it was thought women were more frequently affected. Women tend to display internalized symptoms (like obsessive thinking) while men tend to show more externalized behaviours (such as aggression). These externalized behaviours from men can be construed as something else when they are in fact symptoms of BPD. Men might be less frequently diagnosed with BPD because their displayed symptoms are less commonly associated with BPD.

For help with BPD in yourself or someone you care about, visit amiqubec.org/borderline. □

– Gabrielle Lesage

Visit amiqubec.org/sources for references

IS ONLINE MEDICAL HELP RIGHT FOR YOU?

The pros and cons of telemedicine

Since COVID-19 hit, the use of telehealth services has increased significantly. During the pandemic it was a way to see a health practitioner while practicing safe distancing. Even though we are no longer in a confinement mode, many doctors, psychiatrists, psychologists, and other medical professionals are offering remote appointments when possible. Having these types of consultations online comes with advantages but also drawbacks.

Benefits of having a medical appointment online:

◆ **Being comfortable in your own space:** Appointments in general can be stressful, especially at a clinic or hospital. Attending an appointment online in your chosen space means you are somewhere you feel at ease rather than in a less familiar place. Being in a comfortable space can facilitate talking about more difficult topics like mental health struggles.

◆ **Convenience:** If you have a busy schedule, having a consultation online with a health practitioner can save you time. Your appointment is a click away and once it is done you can go back to what you were doing.

◆ **A way to access services in rural areas:** Living outside an urban area far from a hospital or clinic can make it difficult to access health services. Telemedicine can be a way to access resources without the inconvenience of travelling.

◆ **The ability to see a practitioner despite difficulties:** If you are having trouble getting out of the house because of anxiety or agoraphobia, seeing a practitioner online allows you to seek the medical help you need without leaving your home. This can be helpful for someone who is working on getting out of the house but still facing some challenges.

◆ **More immediate access:** Some work insurances offer telemedicine services, like TELUS Health, to their employees. At the click of a button, you are able to request an appointment with a health care provider for physical or mental health. The wait time can be a lot less than if you book a consultation in person.

◆ **Less exposure to sickness:** By having an appointment online, you are lowering your chances of catching an illness at a clinic or hospital. Wearing a mask in person is only partially effective.

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MY WALKING CURE

Research proves that people who exercise regularly are mentally and emotionally healthier and have a reduced risk of mental health challenges. Exercise reduces stress, helps alleviate depression and anxiety, and sometimes is just as effective as medication — with the added benefit of improved physical health. Meet triathlete Loreen Pindera as we continue our series about exercise and mental health.

I am an unapologetic crusader for active living — a true believer that a walk in the woods, unwired and uninterrupted by phone calls or other distractions, is the cure for nearly anything that ails you. I wasn't always this way. In my 30s and 40s, I prided myself on being the consummate multitasker: a single mother, a journalist, a caregiver, a do-it-yourselfer who could handle any demand thrown at me. I was the big sister that my siblings came to when they needed help, the neighbour who could be counted on to organize a protest for safer crosswalks, the parent always ready to bake cookies for a school fundraiser.

Mostly, I pulled it off. Then came a day in early 2007 when I locked myself in a toilet stall at work and found myself staring at a poster mounted on the stall door by my workplace Employee Assistance Program (EAP) — a poster I had seen 100 times

before. “Do you hide in here to cry?” it asked. Below was the number for the local EAP hotline. I was the person the poster was meant for.

I was in the throes of a difficult menopause. I had just spent six weeks working flat-out, covering a provincial election



campaign, ignoring the hot flashes that left me drenched with sweat. I'd fall asleep exhausted near midnight only to find myself wide awake, three hours later, caught up in the circular thinking that overtakes an anxious mind in the wee hours, unable to fall back to sleep until dawn. Then the alarm would sound, and it

would be time to start all over again.

It was not easy for me to ask for help, to recognize the signs of burnout. What I wanted was sleeping pills. “If I could just get a decent night's sleep,” I told my doctor, “I'll be fine.” When he suggested instead that I take six or seven weeks of stress leave, the wave of relief that hit me was physical. I felt instantly lighter. The thought of having fewer demands on me, even for a few weeks, was liberating. When I woke up in the night, it wouldn't matter so much, because the pressure to be out the door again in just a few hours would be gone. I would catch up on my sleep.

I did not plan my walking cure. I live next to Mount Royal, and with my days now free, I started walking on the back trails of the mountain, on paths I'd rarely explored. Sometimes I'd walk for 20 minutes, sometimes for two hours; sometimes with a friend, more often, alone. It turns out the Japanese have a term for this: *shinrin-yoku*, or forest bathing. The simple act of spending time in the woods — listening, breathing deeply, taking in your surroundings — is so profoundly therapeutic for body and mind that Japanese doctors often prescribe it as

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Telemedicine... continued from page 2

Some disadvantages to consider:

- ◆ **Limited internet access:** If you have limited access to the internet or live in a rural area that doesn't have a strong internet signal, then an appointment online might be more difficult. A poor connection can affect the way you are able to speak with the specialist, especially if the signal cuts off or there is a lag in the video.
- ◆ **May still need to go in person:** Certain tests can only be done in person. If you are prescribed something like a blood test, then you still have to physically go to the clinic or the hospital.
- ◆ **Can be costly if not covered:** If you need to use online services from a private clinic there can be additional fees. (This can also be true in person, of course.)
- ◆ **Can turn into avoidance:** If you are struggling with agoraphobia or anxiety and use online appointments as a way to avoid the

outside world, it could harm you in the long run.

- ◆ **May be difficult to connect with someone online:** Sometimes it can be difficult to emotionally connect through a camera; subtle human interactions that are better felt or processed in person can be more challenging when the other person is not physically in front of you. This is different for everyone; some might prefer online interactions; others might not.

If you would like more information on how to get an appointment virtually, speak to your doctor or your insurance company, or call 811 for more information on telehealth services available to you.

For information about online counselling and a list of resources, visit The Lifeline Canada Foundation: thelifelinecanada.ca/e counselling. □

– Gabrielle Lesage

TOO MUCH OF A GOOD THING?

The pitfalls of too many mental health conversations

There is a lot more talk about mental health these days. There are significant benefits: it encourages the normalization of mental health challenges, destigmatizes asking for help, allows increased knowledge, education, and awareness, and can encourage a sense of community and support. Thanks to this change in perspectives, common myths and stereotypes around mental health are debunked, disorders and diagnoses are shared more comfortably, and judgement-free discussions on mental health have become more and more popular. And while this may be considered terrific news and a sign of progress, are there any pitfalls? Are there any downsides to the fact that we are now discussing mental health significantly more than ever before?

Now that information around mental health, symptoms, and treatments is so readily accessible, especially online and on social media, one possibility that can occur is diagnoses made by a person with no qualifications to do so. Many young people now believe they are living with a mental illness when in fact they are just experiencing the ups and downs of regular life. They may “diagnose” others or them-

selves, based on scraps of information (or worse, misinformation) they find online, may identify themselves incorrectly as having a disorder or struggle, treat themselves inaccurately, and could then spread the wrong ideas to others. Moreover, some may feel strongly that they are living with a particular disorder without ever speaking with a professional, and then reject

health disorders by just drinking tons of water and practicing gratitude).

It’s also been shown that the increase of mental health conversations can lead to rumination (repetitive thinking about something that may cause distress or illness)—if you are constantly talking about it, thinking about it, and reading about it everywhere, you may spiral into a panic

Many young people now believe they are living with a mental illness when in fact they are just experiencing the ups and downs of regular life.

the therapies and mental health practices that are standardized, safe, and proven, because they fear the mental health and medical field are too rigid, not inclusive enough, too expensive, too conservative, or just not in line with what they saw on TikTok.

This can be very dangerous: misunderstanding what constitutes mental health issues can lead to armchair diagnoses, pseudoscience, and negative pop culture influences (for example, when people online recommend treating severe mental

thinking you have a disorder that you may not actually have. For example, a slight tendency to be a germophobe plus over-analysis and over-interpretation may lead to a self-diagnosis of obsessive-compulsive disorder. Moreover, this rumination can cause young, impressionable, or vulnerable people to think that their symptoms are not treatable and a biological inevitability: they will sink into a harmful rhetoric that their mental health is beyond their control and that they are doomed. Worse, mental health struggles could even be romanticized and glorified as a by-product of the well-intended pursuit of normalizing these conversations.

Of course, no one would recommend halting mental health conversations. The normalization of mental health struggles is a vital step in increasing people’s comfort with openly confiding in others, sharing how and where to seek help, and finding or creating support services. The pitfalls of too much talk about mental health suggest that discussions should be treated as ways to educate and normalize, and not to self-diagnose or to remedy symptoms inaccurately. Increased talk about mental health is needed and brave, but the potential downsides cannot be ignored. □

– Nazila Tolooei

Visit amiquebec.org/sources for references

BOWLING PARTY

Our support group facilitators (including new ones who are in training) and board members met up with AMI staff for a fun and wacky night of bowling! There was no time to spare as we put on our bowling shoes and bowled the night away. We discovered that bowling is right up our alley and we were sorry when it was time to split—we had a pintastic time! (Keep your mind out of the gutter!)



New workshop this fall

Express Yourself! As family caregivers to someone living with mental illness, we often prioritize the journey of the person we care for, but it's crucial to recognize that we have our own unique journey as well. This two-part, in-person workshop aims to benefit your emotional, mental, and physical well-being. It will offer you a safe space to acknowledge, express, process, and share your caregiving experience. We'll be using various

types of art mediums such as paint, photography, music, collage, poetry, words, etc. Importantly, no artistic, musical, or writing talent is needed. Your story is important. And expressing it matters. □



Express Yourself!

November 14 and 21, 6-8pm

In person at the AMI office with Jill Grumbache

Visit amiquebec.org/express to register

FALL WORKSHOPS

Our interactive workshops will provide you with information and hands-on experience. They will help reduce stress, find your strengths, and increase confidence. All are for family and friends of people living with mental illness only except where otherwise indicated.

Please note:

Some programs are online and some are in person.

We aim for a balance between in-person and online events so that we can accommodate as many people as possible.

In-person workshops

Aging Well With Mental Illness (for people 55+ living with mental illness themselves)

Aging While Caring for Others

Coping Skills

Hands On Practice for Challenging Situations

Express Yourself!

Stress Management

Online workshops

Acceptance & Letting Go Boundaries & Setting Limits

Caregiver Groups

Introduction to Borderline Personality Disorder

Meditation

Write From Your Heart

For details and to register, visit amiquebec.org/workshops

FALL 2024

SUPPORT GROUPS

Mondays 6:30-8pm on Google Meet

For family, friends, and people with mental illness unless otherwise indicated.

For details visit amiquebec.org/support

ANXIETY/OCD

September 9; October 7; November 4; December 2

BIPOLAR DISORDER

September 9; October 7; November 4; December 2

DEPRESSION

September 16; October 21; November 11; December 9

HOARDING

September 23; October 28; November 25; December 16

YOUNG ADULTS aged 18-30

September 16; October 21; November 11; December 9

FAMILY AND FRIENDS

for relatives and friends

September 9, 23; October 7, 28; November 4, 25; December 2, 16

BPD for relatives and friends

September 16; October 21; November 11; December 9

KALEIDOSCOPE for people living with mental illness

September 23; October 28; November 25; December 16

IN PERSON

SOUTH SHORE for relatives and friends

In person only at 91 Churchill Blvd, Greenfield Park

Mondays 6:30-8pm

September 16; October 7; November 11; December 9

Visit amiquebec.org/calendar for an always up-to-date version of our calendar.

CANINE SUPERPOWERS

A Look at Psychiatric Service Dogs

There are different services that can help people living with a mental health challenges: doctors, community organizations, various resources, and support groups to name a few. However, there is one service you might not have thought about until now: psychiatric service dogs.

How can psychiatric service dogs help?

Psychiatric service dogs can help with various mental health conditions such as PTSD, schizophrenia, depression, anxiety, or bipolar disorder. For example, in a USA Today article, a man explained that his psychiatric service dog helps him recognize if there is something or someone there when he is experiencing a visual hallucination. If the man tells his dog to 'greet' the vision he sees and the dog doesn't react, it means that what the man sees is a hallucination. Another example comes from Psychology Today, where a woman has a psychiatric service dog to help her get out of the house because she lives with agoraphobia. With the dog, she is able to leave her home and complete daily tasks that she otherwise might not have been able to do.

An Australian study looking at the benefits of psychiatric service dogs (which they called psychiatric assistance dogs) showed

that 46% of their study population used less psychiatric and health care services when they had the assistance of the dog. 30% of the population *increased* their use of services because they were able to go to their appointments with the help of their psychiatric service dog; they felt more comfortable and confident getting out of the house and going to see their health care provider. In this particular study, the participants were dealing with a range of mental health conditions such as depression, anxiety (social and generalized), PTSD, and panic attacks.

What is the difference between a psychiatric service dog and an emotional support animal?

Psychiatric service dogs are trained to help their humans with specific symptoms of a mental health challenge that debilitate their life. The dogs need specific training to help with various situations and facilitate tasks for their owner.

On the other hand, an emotional support animal does not go through the same rigorous training as a psychiatric service dog. They are able to provide emotional support and companionship to their humans, but do not receive specific train-

ing for particular tasks. Additionally, unlike psychiatric service dogs, an emotional support animal does not have to be a dog.



A psychiatric service dog must wear a visual marker that they are a service dog, and you may have to present proof

of their training. You do not have to provide any documentation about your disability, medical need, or health condition. If you have an emotional support animal, however, you may need to explain *why* you need your emotional support animal and explain how they help you.

A business cannot discriminate against a person because of their disability or how they choose to treat it. That said, if the accommodation causes "undue hardship" for the business (would be very expensive for the business, would affect other people's rights or safety, or would impact the business's ability to operate, for example), they have the right to refuse to accommodate a service dog or emotional support animal.

Obtaining a psychiatric service dog in Canada

There are both private and non-profit organizations that train and work with psychiatric service dogs in Canada. They tend to have long waiting lists. Organizations can only train a limited number of service dogs. It takes several months and costs a minimum of \$20,000 to train a dog. There is no national standard or official certification issued by a Canadian government agency attesting to the training of service or guide dogs or any other animal used to assist with a disability. The law is not always clear when it comes to service animals for psychiatric needs, so you need to proceed cautiously.

Here are some Quebec organizations that work with psychiatric service dogs:

Asista Foundation: This organization was founded in 2011 with the goal of saving shelter dogs and training them to become service dogs for those with specific mental health needs. Their headquarters are in Laval, QC. Applications are currently closed for an indeterminate amount of time. To learn more about Asista, please visit asista.ca.

AMI Summer Potluck



We have a staff potluck every year at our Executive Director's house (isn't that fun!?!). Here is (most of) our team!

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Write From Your Heart A GROUP POEM

AMI's Write From Your Heart workshop for family carers gets rave reviews! But what actually happens in the sessions? Take a look at this interesting example of writing. Prompted by a poem called "pieces" by ullie-kaye, last June the group wrote their own pieces. The pieces that emerged were so powerful that Joyce, the facilitator, asked everyone to send in their favourite line — and she compiled them into this group poem.

For more information about Write From Your Heart and to sign up for the next series (starting October 17th), visit amiquebec.org/writing. □



Healing Pieces

Your sharp edges try to pierce me and wound my heart, but try though you may, I will always love you, even through your broken times.

And so, I can now be as joyful as you, when you proudly show me the new trick you taught your cat, even if I have to move a little garbage to sit down.

And return to play, to arts and crafts. A time way long ago, before words and critical thoughts. When every scribble or finger painting was a masterpiece.

There is good in this chaos; I have to focus on it. It comes as a breeze.

And leaves very quickly.

Maybe, it's time to let the pieces fall apart.

Yet, I do not believe it (that pieces fallen apart can be put together). Not today.

Maybe tomorrow...

Or the day after tomorrow...

What pieces belong to me? What pieces belong to you? Though you don't resemble the you I once knew, I will always love you.

And now, I just want them to look at me, and look at you, and realize that you are loved and you are lovable.

Canine ... continued from page 6

TOGO Dogs: This organization trains service dogs for frontline responders. They are the exclusive supplier of dogs in Quebec for Wounded Warriors (military, veterans, and first responders). Visit leschienstogo.com to learn more.

Médi-Chiens: Located in Quebec City, this organization helps train dogs and certify them to become assistance dogs for those with PTSD, anxiety disorders, or mood disorders. The time to train a dog can range from 6 months to 2 years. They have been active since 2021. To learn more about Médi-Chiens, please visit medi-chiens.org.

Psy'Chien: This organization started in France in 2016, but opened a Quebec chapter in 2019. They have evaluators situated in the regions of Montreal, Sherbrooke, and Gatineau. Their goal is to educate and train dogs to become psychiatric assistance dogs for those affected by a mental illness who would benefit from an assistance dog. It is a program for those who are at least 18 years old. To learn more about Psy'Chien, please visit psychien.org. □

– Gabrielle Lesage

Visit amiquebec.org/sources for references

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www.amiquebec.org

For regular updates, follow **AMIQUEbec** on:



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Or call us: **514-486-1448**

(1-877-303-0264 outside Montreal)

TRIBUTES & MEMORIALS

In honour of Ella Amir
Rabbi Lisa Grushcow

In honour of David Windsor
Rhona Engels

In memory of Gilles Mamane
Gilles Mamane

In memory of James-Peter O'Donnell
Allison Flam

In memory of Ramez Raad
L'Oreal Canada

In memory of Judy Birenbaum
Lynn Harris

AMI-Québec extends sympathy to the bereaved and appreciation to all donors for their generosity. If you wish to honour someone with a donation, please phone 514-486-1448 or visit amiquebec.org/donate.

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Allié.e.s en santé mentale
Allies in mental health

AMI-Québec, a grassroots not-for-profit organization, is committed to helping carers* manage the effects of mental illness through support, education, guidance and advocacy. By promoting understanding, we work to dispel the stigma still surrounding mental illness, thereby helping to create communities that offer new hope for meaningful lives.

*Carers (*proches aidants*) are those in the circle of care, including family members and other significant people, who provide unpaid support to a person in need.

Judy Gold, *President*
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SHARE & CARE

THE JOY OF HOPE - THE HOPE OF JOY

Share&Care is published quarterly.

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Articles and comments are invited. Anonymity will be respected if requested. Guest articles reflect the opinions of the authors and do not necessarily reflect the views of AMI-Québec.

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a relief for chronic stress. Studies have shown forest bathing can improve sleep quality, mood and ability to focus. I probably knew this intuitively, because within weeks, I really was feeling better. And I made myself a promise before I went back to work: that no matter how busy work got, no matter how many other demands I had on my life, I would make time every day for that walk in the woods or some kind of physical exertion — a run, a bike ride, a swim (preferably in a lake or a river). It became non-negotiable.

That was 17 years ago. I haven't broken that promise to myself. I still have ups and downs, and occasional bouts of insomnia where I find myself fighting off circular thinking at 3 a.m. I am fully aware of how hard it is to find time for oneself, to be active and in nature. But I am convinced that both our mental and physical health depend on it. So call me a zealot. But do try it for yourself. ☐

Loreen Pindera is a member of AMI-Quebec's board of directors, a retired CBC journalist, and a triathlete. She is also an advisor to the Montreal-based Head2Core Foundation, which promotes better mental health through sport.

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Although AMI receives some government funding, we need to raise more than half of our operating budget each year.

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