

Join people like yourself – caring, concerned, compassionate – to help the

Infertility Network

provide information, support & advocacy.

MEMBERSHIP/DONATION

(Tax receipt issued. Charity #89075 6869 RR0001)

You can also:

- Direct your United Way contribution at work to the Infertility Network.
 - Donate online at www.CanadaHelps.org
 - Donate books & tapes to our 'Bargain Bin'
- Be notified about upcoming events & major news stories related to infertility & adoption by sending a message to: InfertilityNetwork-subscribe@yahogroups.com

First Name _____	Last Name _____
Street _____	Suite # _____
City _____	Prov _____
Country _____	Postal Code _____
Phone (Res) (____) _____	Phone (Bus) (____) _____
Fax (Res) (____) _____	Fax (Bus) (____) _____
Email _____	Web _____
<input type="checkbox"/> Cheque <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	
Card # _____	Cardholder's Name _____
Expiry Date _____	Signature _____

INFORMATION PACKAGE

Please send me a free information package.

MEMBERSHIP

I would like to take out/renew a MEMBERSHIP. Enclosed is **\$10.00**.

DONATION

A 1-time donation of: \$10 \$25 \$50 \$75 \$100 \$ _____

A monthly donation of: \$ 1 \$ 2 \$ 5 \$10 \$ 20 \$ _____

- Please include my name in the list of Infertility Network supporters published:
- in the Infertility Network email newsletter
 - on the Infertility Network website
 - in printed material distributed by the Infertility Network

This donation is:

- ♥ in thanks for: _____
- ♥ in celebration of: _____
- ♥ in honour of: _____
- ♥ in memory of: _____
- ♥ other: _____

Please send a card to: _____

(Name & address of the person you wish notified about your gift.)

Please see reverse side for Volunteer Opportunities.

VOLUNTEERING WILL HELP YOU...

- *Develop new skills or use existing ones in a new setting.*
- *Help others struggling with infertility.*
- *Enjoy the fellowship of dedicated, interesting people.*

I would like to VOLUNTEER time to help with:

BINGO (Thurs, 1 - 3:30 pm, Scarborough, ON)

I have some special skills/interests/contacts which may be of help:

BOARD OF DIRECTORS:

- Finance
- Fundraising
- Government Submissions
- Legal Matters
- Media
- Newsletter
- Outreach
- Public Relations
- Other: _____

START A LOCAL SUPPORT GROUP

I would like help to start a support group in my community. (We can share our ideas, experiences, materials & contacts, as well as include your group in our list of resources.)

DONOR CONCEPTION ADVOCACY

I would like to help advocate for reform of the donor system so that it better meets the needs of offspring for medical & identity purposes. This would include provisions now in place in a number of other countries (e.g. United Kingdom, New Zealand, 2 states in Australia with changes in other states pending, Netherlands, Switzerland, Austria, Sweden) such as:

- All future donors required to agree to have their identifying information released to their offspring at the age of 18 (or earlier if serious medical or psychological problems arise).
- A voluntary registry set up to facilitate mutual consent contact between past donors, offspring and half-siblings.
- A limit imposed on the number of families that can be created from any 1 donor's eggs, sperm or embryos.
- All existing records currently held by sperm banks, clinics, doctor's offices to be stored in a central agency (run by the government or by a non-profit agency) in order to protect the records against loss or destruction.

PLEASE TAKE ME OFF YOUR MAILING LIST

I no longer require information about Infertility Network programs & resources.

However, I want to support the work of your organization, so please continue to send me your **ANNUAL FUNDRAISING APPEAL**

Please do **NOT** send me any further information.

Send to:

Infertility Network, 160 Pickering St., Toronto, ON, Canada, M4E 3J7
Ph: 416-691-3611, F: 416-690-8015
Info@InfertilityNetwork.org, www.InfertilityNetwork.org