

CONTACT INFORMATION

North County Parkinson's Support Group - a non-profit 501(c)(3)

Please PRINT



Person with Parkinson's Name: _____

Email: Person with Parkinson's _____

Care Partner Name: _____

Email: Care Partner _____

Address: _____

City _____ State _____ ZIP _____ ZIP plus 4 if you know it _____

Phone: home (_____) _____ cell (_____) _____

Date: _____

Annual DIRECTORY

We print the **NCPSPG Directory** every two years, with names, addresses, phone numbers and emails of those participants who agree to appear in it, so that we may contact one another.

Only those agreeing to be included in the Directory will receive a copy. We do not share your information beyond our group. We do not produce an electronic version.

Would you like to be included in our Annual Directory?

PLEASE CIRCLE ONE

YES include me – my information is above

- OR -

NO I do not want to be included in the Directory

Monthly Newsletter DELIVERY

How do you prefer to receive our monthly Newsletter?

PLEASE CIRCLE

E-mail (include your email address above) (E-mail saves us postage, and is in living color)

- OR -

US Mail (include your mailing address above)

How did you learn about North County Parkinson's Support Group? _____

Please circle your "home" chapter: Fallbrook La Costa Oceanside Rancho Bernardo

Please complete and mail to: NCPSPG, Corresponding Secretary, PO Box 230566, Encinitas CA 92023