

CONTACT INFORMATION

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



Please PRINT

Name: **Person with Parkinson's** _____

Name: **Care Partner** _____

Address: _____

City _____ State _____ ZIP _____

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

Email: _____

Annual DIRECTORY

We print the **NCPG Directory** annually, with names, addresses, phone numbers and emails of our participants, so that we may contact one another.

Only those agreeing to be included in the Directory will receive a copy. 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 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 turn in at meeting, or mail to: NCPG, Corresponding Secretary, PO Box 230566, Encinitas CA 92023