

Established in 1985, the *Eastern Townships Alzheimer Society* is a non-profit organisation affiliated with the *Quebec Federation of Alzheimer Societies and Alzheimer Society of Canada*. The SAE offers services in both French and English in the seven RMC's of the Eastern Townships.

WHAT IS ALZHEIMER'S DISEASE?

Discovered in 1906, by German neurologist Dr. Alois Alzheimer, Alzheimer's disease affects cognitive skills such as memory, orientation, judgement, language as well as motor skills. As the disease progresses, the person will need more help to accomplish her or his activities.



FOR MORE INFORMATION,
DON'T HESITATE
TO CONTACT US AT:

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Sherbrooke, Quebec J1J 3H5

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Fax: 819 820-8649

Email: info@alzheimerestrie.com

Website: www.alzheimerestrie.com

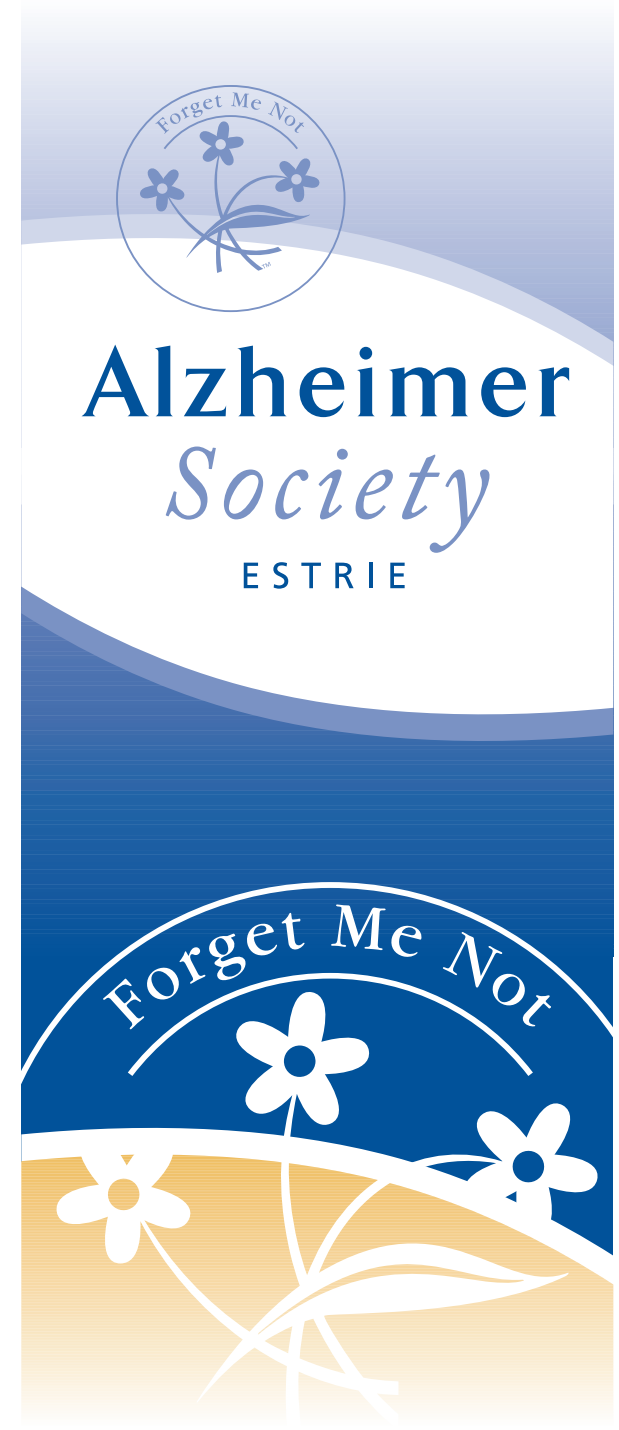
Office Hours:

Monday to Friday

8:30 a.m. to 12:00 noon

and 1:00 p.m. to 4:30 p.m.

(Closed between noon and 1:00 p.m.)



OUR MISSION

- Support individuals with Alzheimer's disease or other related disorders, as well as their loved ones.
- Inform the public of the Eastern Townships about Alzheimer's disease and the effects it has on the person and their family.
- Promote and financially support research being done on Alzheimer's disease.

OUR ACTIVITIES

- *You have just been informed that you or a loved one has Alzheimer's disease and you need to know, not only information about the disease, but also the next steps to take?* We can help you find ways to live more comfortably with the disease. By calling us, we can provide you with **telephone support**, or we can set up an **individual or family meeting** with you.
- *Do you think that your local community, or a group you belong to, needs some information about Alzheimer's disease?* We offer **information sessions** on the disease, on the approach to take, that is recommended by the Quebec Alzheimer Movement, as well as monthly information conferences on various aspects of the disease.
- *Would you like to share with others what you are going through, and ask questions to see if they have a solution to the current problems you are experiencing? Would you like to belong to a group who understands you, and who can support you through this journey?* **Support Groups** meet on a regular basis, and are an excellent way of regaining your power.

OUR ACTIVITIES (CONT'D)

- *Would you like to learn more about the Alzheimer's disease? Would you like to better understand what your loved one is dealing with and what his needs are? Would you like to develop an approach that lets your loved one stay in familiar surroundings, and which focusses on his or her capabilities rather than on the losses.* **Training sessions** (A different vision, a different approach) for family and friends of someone with Alzheimer's disease are held on a regular basis. These sessions are comprised of six weekly meetings of three hours each, and are held either in the afternoon or the evening.
- *Do you need a couple of hours of rest per week? At the same time, would you like your loved one to develop a trusting relationship with someone who can participate in stimulating activities, that are significant to your loved one, and that will help maintain his or her independence and capabilities?* Our **Home-based Stimulation Program (HSP)** allows a person with Alzheimer's disease, living at home, to develop a trusting relationship with someone from outside of their family, who will join them in activities that they enjoy doing.

FUNDRAISING ACTIVITIES

January: Alzheimer Awareness Month
April: Annual Art Auction
June: Beach Volleyball Tournament
August: Golf Tournament
September 21st: World Alzheimer's Day
AND MUCH MORE!

CONTRIBUTION

- I wish to become a member and receive the following : a membership card, a copy of *Le Bulletin*, our quarterly newsletter, and the right to vote at the Annual General Meeting. (Minimum annual membership fee is \$10.00)
- I would like to make a \$ _____ donation to support the *Alzheimer Society - Estrie* and receive an official tax receipt. (For donations only, the registration number is: 107987455 RR 0001)

Method of payment*:

- Cash
 - Cheque or money order made payable to *Alzheimer Society - Estrie*
- * We are sorry, but actually credit card payments can not be accepted.

Name: _____

Address: _____

City: _____

Postal Code: _____

Telephone: _____

Email: _____

Correspondence:

- French
- English