



# REALity

REALISTIC • EQUAL • ACTIVE • FOR LIFE

## ***DARKNESS DESCENDS:*** **PARLIAMENTARY COMMITTEE ON ASSISTED SUICIDE**

A dark cloud has descended on Canada. This cloud was not brought about by the consent of Canadians or Parliament. Rather, the nine judges on the Supreme Court of Canada, representing no one but themselves, have brought death and destruction by way of its decision to support legalized assisted suicide. The court's decision has entirely changed the fabric of Canadian society, altering our health care system, the role of physicians, the conscience rights of faith based institutions and individuals, as well as the loss of dignity for and the protection of vulnerable human life.

On February 6, 2015, the Supreme Court, ignoring both law and precedent, arbitrarily decided, based only on the limited facts of a single case (*Carter vs. Canada*) to impose assisted suicide on Canadians. This was abuse of power by the court, because it was determining public policy, disregarding the decision of six previous Parliaments, which had solidly rejected such a policy. The court's judgment, unfortunately, was superficial, seemingly based more on current politically correct thought, rather than on considered reflection and in-depth analysis. The court concluded that assisted suicide was justifiable, focussing on a patient's autonomy, naively believing that a "carefully designed and monitored system of safeguards established by Parliament" could satisfactorily carry out this policy.

The court provided no definitions. It stated only that there be "a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering

that is intolerable to the individual in the circumstances of his or her condition". The scope of this was far from clear.

The Supreme Court of Canada also made the blanket statement that "Nothing in this declaration would compel physicians to provide assistance in dying." This latter point was quickly proven wrong. The Colleges of Physicians and Surgeons of the provinces of Saskatchewan and Ontario have declared that any physician who, for conscience or religious reasons, may not wish to participate in assisted suicide, must "refer" a patient to another physician to carry out this procedure. This is contrary to the doctors' Charter right of freedom of conscience and religion. It is also a serious incursion into the professional standing of the physician. The requirement to refer a patient for assisted suicide to which the physician objects, on the grounds of conscience and religion, compels the physician to violate his or her conscience by being forced to be a participant in the very act to which he or she objects in the first place.

The tragedy is that the Supreme Court of Canada has adopted an extreme liberal position on the sanctity of human life, leaving Parliament merely to fill in the details by June 6, 2016. If Parliament does not come up with any regulations or controls on this devastation of the sanctity of human life by that date, then there will be no controls whatever on killing people at random, supposedly for their own good.

Consequently, the Liberal government established a Joint Committee of the Senate and House of Commons to make regulations on this issue.



Greg Perry / Perrypink Published February 28, 2016 The Star Editorial Cartoon

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In just nine days, from January 18<sup>th</sup> to February 4<sup>th</sup>, this committee heard approximately 62 witnesses and received approximately 132 briefs. It is significant that pro-life groups, such as the Evangelical Fellowship of Canada (EFC), the Catholic Civil Rights League (CCRL), REAL Women of Canada (RWC) and the Association for Reformed Political Action (ARPA) were refused an opportunity to appear before the committee, although, all these groups did submit briefs to the committee. On the other hand, the committee asked the pro-euthanasia organization, Dying With Dignity (DWD), to appear before it no less than three times. Consequently, we knew ahead of time the mind-set of this 16 member, Liberal dominated committee. There were only four known pro-life members on it.

### PARLIAMENTARY COMMITTEE SUBMITS ITS RECOMMENDATIONS – FEBRUARY 25, 2016

The dark cloud of assisted suicide became even darker when the Parliamentary Committee tabled its recommendations in the House of Commons on February 25<sup>th</sup>, 2016.

One wonders why the Special Joint Committee on Physician-Assisted Dying ever bothered meeting. It could have just declared that assisted suicide was open to everyone, anywhere, with no holds barred. The committee cast its net as wide as possible to ensure that no one would be denied the opportunity to have his/her life promptly terminated on request. The Committee recommended there be no waiting period, prior review, or approval process.

The Supreme Court of Canada in *Carter vs Canada* had stated that “a permissive regime [for assisted suicide] with properly designed and administered safeguards was capable of protecting vulnerable people from abuse and error”. Clearly, the court underestimated the enthusiasm of this Liberal dominated committee for assisted suicide. Further, the court insisted that Parliament “must weigh and balance the perspective of those who might be at risk in a permissive regime against that of those who seek assistance in dying”. The committee failed to provide a scrap of any such balance. Instead, the committee focused almost entirely on patients’ “personal autonomy”, by facilitating assisted suicide following a simple request. The mentally ill and depressed, even though these illnesses are treatable, as well as “mature” children under 18 years of age (after a 3 year delay in implementing this provision), are all eligible for a quick death. The court, however, explicitly stated that assisted suicide be made available for “competent adult persons”. The committee, on the other hand, stated that it would be “discriminatory” to refuse any vulnerable individuals the opportunity to have themselves killed.

As noted, assisted suicide, according to this committee, may be granted even if the illness is not terminal. For example, they ignore that the turbulence of adolescence in an individual who has barely experienced life, would not place him in a good position to decide on the termination of his life. The difficulties weighing on vulnerable people in their consent to assisted suicide was airily dismissed by the committee on the

grounds it “had faith in the expertise of Canadian health care professionals to develop and apply appropriate guidelines for such cases”. This was even after they were made aware of the physicians in the Netherlands and Belgium who, without valid consent, carry out the termination of lives there.

The committee also recommended that physicians who have a conscientious or religious objection to assisted suicide be obliged to refer the patient for this procedure. This requires the physician to be complicit in the very act to which he objects. All publicly funded institutions, including hospitals, hospices, long-term care facilities etc. regardless of religious beliefs, are obliged to provide this service. Freedom of religion and conscience, provided under the Charter of Rights, seem to have been relegated to the back of the bus in this report. Perhaps, more accurately, they have been denied a seat on the bus entirely.

The committee also recommends that not just physicians, but also registered nurses, nurse practitioners, pharmacists, and “other health care practitioners who provide services relating to assisted suicide” be permitted to do so. Would this definition be extended to include individuals who serve meals to patients to sustain them in public institutions while they seek assisted suicide, or personal support workers, who provide “services” to a patient while preparing for assisted suicide? Would this empower them to assist with the termination?

The “safeguards” provided by the committee are ludicrous. Two independent physicians are required to decide whether the patient meets the criteria. This shouldn’t be too difficult to obtain. Also, two individuals (without any conflict of interest) are to witness the signing of the consent forms “where possible”. There is no requirement or mechanism to determine if consent was freely given or obtained under duress. No matter. Consent is consent, so just get on with it.

### DISSENTING REPORT ON ASSISTED SUICIDE

The only sanity regarding the Parliamentary Committee’s Report was provided by the four Conservative MPs on the Committee, in their Dissenting Report. The dissenting members of the Committee were **Michael Cooper** (Co-Vice Chair of the Committee, St. Albert-Edmonton), **Mark Warawa** (Langley-Aldergrove), and **Gerard Deltell** (Louis-St-Laurent), as well as **Harold Albrecht** (Kitchener-Conestoga), who participated in a majority of the Committee meetings as an alternate member.

In their dissent, these MPs pointed out that the Parliamentary Committee had not followed the directives set out by the Supreme Court in the *Carter* case. As a result, the legal framework proposed by the committee fell far short of what is necessary to protect both vulnerable Canadians, such as the mentally ill and minors, and the conscience rights of the health profession. The importance of palliative care in the context of assisted suicide was ignored.

The Dissenting Report also stated that the government must take note of these glaring flaws contained in the committee’s main report when it introduces its legislative response to *Carter*.

## WHAT HAPPENS WITH REGARD TO THE RECOMMENDATIONS OF THE COMMITTEE

Justice Minister Jody Wilson-Raybould has referred this report to the Liberal Cabinet for review. She admits, however, that this will take a little bit of time, although it must be rushed through Parliament, (both the House of Commons and the Senate) by the deadline of June 6, 2016.

It is unacceptable that this critical issue of life and death should be dealt with so quickly. In contrast, the province of Quebec, which is the only Canadian province to have adopted a law on the end of life care, developed its law over a period of six years under three different legislatures, in a non-partisan work-in-process.

### THE VOTE ON ASSISTED SUICIDE

The Liberal government had initially ordered a “whipped vote” on the assisted suicide legislation even before the committee’s report had been completed. This required all Liberal MPs to vote for the legislation on the false basis that a Charter right was supposedly at issue. This is very debatable. In fact, the issue deals with the conscience rights of MPs. Even the Toronto “red” Star, in an editorial dated February 27,

2016 stated that “... caution, not compulsion should be the government’s watch-word ...” on the vote. Also, members of the Liberal Caucus itself raised concerns about a “whipped vote” on this contentious conscience issue.

Consequently, Liberal government House Leader, Dominic LeBlanc, was forced to backtrack. Judging by the Liberal Party’s propensity for “whipped votes”, however, it is expected that Liberal Cabinet Ministers and Parliamentary Secretaries (although, not necessarily the backbench MPs) will be forced to vote for this legislation, regardless of their conscience. This was the approach taken in 2005 by former Liberal Prime Minister, Paul Martin, on the critical issue of same-sex marriage which he forced through Parliament.

The question arising is, which of the recommendations of the Joint Committee will be selected to become law? If the Liberal government accepts all the recommendations of the Committee, Canada will then have the most extreme liberal assisted suicide legislation in the world. Perhaps this is what the Liberal government believes is “leadership”. Alternatively, perhaps it indicates an immature, thoughtless government, careless of its responsibilities towards the weak, the aged and the sick.

## US ABORTION INDUSTRY TAKING A HIT

In 1973 the US Supreme Court handed down its decision, *Roe vs. Wade*, which permitted abortion on demand.

This was a grim time for those with a pro-life perspective. The future stretched endlessly ahead, with nothing but aborted babies piling up, reflecting this tragic period of US history.

Yet brave pro-life individuals forged ahead, trying their best to educate the public and legislators about the ghastly killing of the unborn. Pro-lifers did so by way of clinic blockades, ignoring injunctions, etc. Despite these efforts, by 1991, which is considered the high watermark for abortion clinics, 2176 surgical facilities offered abortions to the public.

Around this time, pro-life individuals added a new strategy, prioritizing state legislative action. This propelled Republican state law makers to push to regulate the abortion industry because the latter had failed to regulate itself throughout the years. According to the abortion industry, women’s health and safety were far below the bottom line of making money. The legislation was incredibly effective. As a result of this, abortion access in the US has diminished. Since 2011, at least 162 abortion providers have shut down or stopped offering the procedure, while only 21 new abortion clinics opened. Since 1991, surgical abortion clinics have decreased by 81%. This decline has occurred in 35 states in both small towns and large cities, where more than 30 million women of reproductive age reside.

At the same time, there has been a marked reduction in demand, accompanied by the fact that new doctors are unwilling to perform abortions, as well as a crackdown on unfit abortionists. As well, many abortionists are now retiring.

### ABORTION INDUSTRY FIGHTS BACK

The abortion industry, making billions of dollars on the exploitation of women and unborn babies (they rarely, if ever, refuse a patient), have hit back in two ways:

1. Abortion providers attempted to compensate the shutting down of their clinics by offering webcam abortions, whereby a woman would consult with a doctor on a webcam before being given the first of two chemical abortion drugs. The second drug is administered at home. Although abortionists claim this procedure is safe, this has not proven to be the case. Chemical abortions, usually the drug RU486, can be dangerous to women if not medically supervised. From the year 2000 to 2010, according to the US Food and Drug Administration (FDA), there were 2,207 adverse events related to the use of RU486, including 14 deaths, 612 hospitalizations, 58 ectopic pregnancies, 339 blood transfusions and 256 cases of infections. To offset these webcam abortions, sometimes called “tele med abortions”, 18 states have prohibited this. The laws provide that the abortionist must be in the same room as the pregnant woman, and must perform the abortion in person, preceded by a physical examination before prescribing the abortion pill. This has essentially banned the webcam abortion practice.
2. Abortion facilitators have brought a legal challenge before the US Supreme Court, objecting to a Texas law (similar to that passed in other states) which provides that abortion doctors must have admitting privileges at hospitals within 30 miles of a clinic where an abortion is performed, and that minimum



standards for an abortion facility must be equivalent to the minimum standards for other ambulatory surgical centres.

The pro-abortionists argue that this law places an undue burden on women seeking an abortion. The truth is that it places an “undue” burden on abortion practitioners — insisting they meet the same safety standards as other providers of surgery.

### US SUPREME COURT TESTS THE TEXAS LAW

On March 2<sup>nd</sup>, 2016 the US Supreme Court heard oral arguments on the Texas Law. The Supreme Court is now with-

out pro-life Justice Antonin Scalia, who unexpectedly died on February 13, 2016. This could result in the court having a tie, 4 to 4, which would leave the Texas law intact. The swing vote, as usual, is Mr. Justice Anthony Kennedy, who wrote the infamous US same-sex marriage decision. If Judge Kennedy votes against Texas, 22 other states with similar laws will be impacted. The court is expected to hand down its decision in June.

No matter the outcome, we know that the pro-life movement in the US will respond intelligently to this decision.

## BEWARE OF CARP: A TOOL FOR ASSISTED SUICIDE & EUTHANASIA

The Canadian Association of Retired Persons (CARP) is a non-profit organization, consisting of 300,000 seniors aged 45 years and older. Membership provides amenities, such as automobile insurance, extended health coverage, financial services etc., for which CARP receives (undisclosed) royalties. CARP is also a political organization that lobbies for the older generation, for example, for split pensions.

The President and CEO of CARP is media mogul Moses Znaimer, well known for his extreme liberal views on issues, such as abortion, pornography, homosexuality and euthanasia. He is a founding patron of Dying with Dignity (DWD). Mr. Znaimer uses his multiple media outlets to promote his views on radio shows, TV networks and websites.

On January 27, 2016, Mr. Znaimer announced in a press release that Susan Eng, Executive Vice-President of policy at CARP for the past eight years, had been fired. Her position has been taken over by Wanda Morris, most recently the CEO of Dying with Dignity (DWD), where she had led a campaign for legislative change on the right to die. Under Ms. Morris, DWD changed its position from supporting assisted suicide but opposed to euthanasia, to an organization which is now a radical supporter of euthanasia.

Susan Eng, a former tax lawyer and former chair of Toronto's Police Services Board, claims that her firing was due to her insistence that CARP take a neutral position on assisted dying, which, she claimed, was a matter of individual personal conscience. Her position was based on a poll she had conducted online to assess the attitudes of members of CARP. The poll, completed by 2,700 people, indicated that CARP should maintain a neutral position on the issue. This was not acceptable to Mr. Znaimer.

### WHO IS MOSES ZNAIMER?

In 1972 Moses Znaimer used pornography as an enticement to promote his Toronto TV Station, City TV. He did so by providing erotic films every Friday night, on a program known as “Baby Blue Movies”. This soft-core pornography, drew fully two thirds of the television viewing public during the two hour period starting at midnight. By providing pornography on mainstream TV, Mr. Znaimer permanently changed the media landscape with pornography now readily

available to everyone who wishes to view it.

Also, this use of pornography allowed Mr. Znaimer to make money to incorporate his organization, called Zoomermedia, to purchase many other media outlets. Zoomermedia is Canada's only diversified media company devoted to creating content, lifestyle and services, and experiences for the 45 year plus demographic. Mr. Znaimer coined the word “zoomer” to cover supposedly “boomers with zip”. His media company included the following purchases:

- 2006 – classic radio station CFMX (96.3 FM) in Toronto. This station's listenership is placed among the top six in Toronto's crowded radio market;
- 2007 – purchased “oldies” station AM 740 which reaches an older audience of half a million listeners from Thunder Bay, Ontario to the Carolinas in the USA;
- 2008 – purchased several specialty channels, including Vision TV, which was a religious oriented channel. He also purchased several other predominantly Christian based TV channels. Religious programming is remarkably at odds with Mr. Znaimer's personal philosophy. Because Vision TV is on basic cable, the channel, however, guarantees access to more than nine million Canadian homes for Mr. Znaimer. Not surprisingly, Vision TV has aired much more secular programming in recent years under Mr. Znaimer's ownership.
- 2008 – Zoomermedia purchased CARP and transformed its magazine, called “Zoomer”, into a show business like magazine directed to high end boomers, targeting mostly 45 to 65 year olds. This is the case, even though much of its circulation goes to people over 60 years of age. The latter, however, don't dress like the chic models used in Zoomer magazine and do not look for high end makeup and clothes. Rather, their concerns are trying to keep the Canada Pension Plan intact, making sure personal life savings are not emptied out, and trying to improve the quality of life for those in nursing homes. Mr. Znaimer's argument for catering to the young end of the boomer markets is that,

*Forty year old people have 65-year-old parents, and 30-year-old people have 80 to 85-year old grandparents. So whether you*

buy Zoomer for yourself or for someone you love or for someone you're damn well going to be responsible for, this information should be of interest to you. That's the big idea.

Those who are currently members of CARP, but who respect life and are opposed to assisted suicide and euthanasia, should per-

haps consider transferring their CARP provided services, such as automobile insurance, etc., to another company. There is no doubt whatever, that the new CEO, Wendy Morris, and Mr. Znaimer will be using the organization as a political tool to further their pet cause of physician assisted suicide and euthanasia.

## TRUDEAU JUMPS INTO THE HOMOSEXUAL PARADE

Prime Minister Justin Trudeau seems unable to think independently. He merely goes along unquestioningly with whatever is politically correct. The latter is determined by the media, and the so-called "intellectual elites" who actually aren't all that sharp because none of them dare think or say a word that swerves the tiniest bit from left wing thought. To do so might confuse the young, and would likely also lead to the loss of a job.

It is not surprising, therefore, that Trudeau has decided to jump into the 2016 Toronto Gay Pride Parade — the first time a Canadian Prime Minister has done so. Trudeau apparently believes that his participation in the parade shows liberal values and his "tolerance". He never considers that by doing so, he comes across as immature, and as a narcissist (who does so love his selfies) with little understanding that he is supposed to represent all Canadians, not just his "friends" and special interest groups.

Further, Trudeau, with his customary practice of handing out the taxpayers' money to his friends and supporters, has agreed to present the Gay Pride organizers with a gift of \$140,200.00. This money will be added to the \$270,000.00 provided by Ontario's lesbian Premier, Kathleen Wynne, as well as \$160,000.00 from Toronto's city hall. The latter grant undoubtedly is in recognition of the fact that Toronto has, liv-

ing in its midst, the highest number of homosexuals in Canada.

It is strange that other Toronto parades don't receive public funds, such as the beloved Santa Claus Parade, or the St. Patrick's Day Parade, or the lively Caribana Parade. Instead, they stand on their own financial feet. Could it be that they are not politically correct, and therefore, of no interest to the Prime Minister? Why does the homosexual parade get tax money? The organizers claim that their parade draws a million people and millions of dollars in business. This number is absurd. If a million people were watching the parade, the crowds would have to be 80 deep along the 3.1 kilometer parade route, which, of course, is not the case. The total number of people can be generously set, at most, at approximately 154,000 persons. As stated by Toronto Sun Columnist, Mike Strobel, (February 24, 2016), the homosexual numbers are "utter bunk".

If Trudeau wants to shower his friends with money, he should do so with his own funds, not that of the taxpayers. He seems to think, however, that as Prime Minister, he can spend whatever federal money he likes. No wonder it is expected that Canada's deficit, according to Toronto-Dominion Bank economists, will skyrocket to \$30 billion in 2016. This is a long way from the "modest" \$10 billion Trudeau claimed during the election.

## PRESIDENT'S MESSAGE



Dear valued supporter:

Welcome to the April 2016 Issue of REALity. With spring and signs of new life upon us, we continue to have new hope that the importance of the culture of life and natural family will resonate in more people's hearts and minds. We hope these truths will echo enough so that Canadians are on fire to inform others of what is going on in society, thus motivating people to become "activists". An activist is someone who "practices direct and decisive action on an issue", for example, by writing letters to officials, signing petitions, attending rallies/marches, distributing relevant literature, inviting a guest speaker to a luncheon/meeting, voting according to an informed conscience and/or discussing issues with friends and family. Whatever you decide to do, apathy or merely saying "Isn't that awful? What's the world coming to?" is not an option.

Euthanasia and Physician-Assisted Suicide is very much alive and NOT well on the Canadian political scene. It is urgent that everyone contact their MP, MPP/MLA, Prime Minister Justin Trudeau, Justice Minister Jody Wilson-Raybould, and Health Minister Jane Philpott, by letter, by phone, or in person, to let them know that we want caring, not killing, for those seeking to end their lives for a variety of reasons.

Thank you for being women and men seeking to build a better society.

*Pauline Guzik*  
Pauline Guzik  
National President

# REAL WOMEN OF CANADA NOTICE OF ANNUAL GENERAL MEETING

**NOTICE IS HEREBY GIVEN THAT** the Annual General Meeting of the Members of REAL Women of Canada (hereinafter called the "Corporation") will be held on,

Friday, June 17<sup>th</sup>, 2016 @ 7:00 p.m. at the North York Central Library  
5120 Yonge Street, Toronto, Ontario M2N 5N9 Hall #1.

## FEATURING GUEST SPEAKER: CHARLES LEWIS

Anti-euthanasia activist and former religion reporter of The National Post. Our speaker's topic will be: *Euthanasia: What Now?*  
Please write down the date and plan to attend REAL Women's Annual Meeting and hear Mr. Lewis's talk.

## ANNUAL MEETING

Our Annual General Meeting will be held for the following purposes:

1. To receive the financial statements of the Corporation for the fiscal year ending December 31, 2015, together with the reports of the directors and auditors thereon;

*Members may obtain a copy of the Financial Statement available at REAL Women of Canada's Ottawa Office.*

2. To appoint Auditors;

3. To elect a Board of Directors:

a) Advance nominations shall be in writing and shall be submitted by not less than two members in good standing, with the written consent of the nominee, and received by the **Nominations Committee** at least two weeks prior to the annual meeting by June 3, 2016. According to our constitution, no nomination can be accepted after that date. A brief resume of the candidate's biography must be submitted along with the nomination. Nominators must vouch that the candidate is a member in good standing, and upholds the philosophy, aims and objectives of REAL Women of Canada, as set out in the membership application form. Please forward nominations to:

Nominations Chairperson, Diane Watts, REAL Women of Canada  
Box 8813, Station "T" Ottawa, ON K1G 3J1  
Fax: (613) 236-7203 Or email: [realwcna@rogers.com](mailto:realwcna@rogers.com)

b) Only those who subscribe to our objectives and have been voting members of the Corporation for at least 60 days prior to this meeting shall have the right to vote and/or run for office.

c) New members and renewals will be accepted on the date of the meeting, but new members must attend as observers, not as voting members. Those members whose memberships have lapsed may renew and will be allowed to vote.

The General Meeting is open to members, representatives from member organizations and to co-operating organizations.

4. To hear and vote on resolutions from voting members.

**Resolutions** must be submitted in writing, according to the constitution, 14 days prior to the Annual Meeting by (June 3, 2016), and approved by the Resolutions Committee. Please send such resolutions to:

REAL Women of Canada, Resolutions Committee,  
Box 8813, Station "T", Ottawa, ON K1G 3J1.  
Fax: (613) 236-7203 or email to [realwcna@rogers.com](mailto:realwcna@rogers.com).

5. To transact such further or other business as may properly come before the meeting or any adjournment or adjournments thereof.

## MESSAGE BOARD

- Have you checked out our **website**, [www.realwomenofcanada.ca](http://www.realwomenofcanada.ca), and **Facebook** page recently? [facebook.com/REALWomenofCanada](https://www.facebook.com/REALWomenofCanada). Invite friends to "Like" our Facebook page and remember to **share** on your social media. Follow us on **Twitter** as well: [twitter.com/RealWomenCanada](https://twitter.com/RealWomenCanada)
- Check out the notice in this issue for details on our **Annual General Meeting**, to be held in **Toronto, Friday, June 17, 2016**.
- Last fall, we published a new **pamphlet** that explains who **REAL Women of Canada** is. Copies are available by contacting our Ottawa Office. The pamphlet is free but a donation to defray the printing costs would be greatly appreciated. This pamphlet is a great tool to inform others about REAL Women. It is surprising how many women still have not heard of us. ♣

## SUPPORT REAL WOMEN OF CANADA

PLEASE MAKE A CONTRIBUTION TO JOIN OUR WORK  
TO DEFEND & PROTECT LIFE & THE FAMILY

Membership \$30/year • Groups \$50/year • Donation \_\_\_\_\_  
*Contributions, unfortunately, are not tax deductible.*

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Send online at [www.realwomenofcanada.ca](http://www.realwomenofcanada.ca) or by mail. Thank you.

**REALity** is a publication of **REAL Women of Canada**

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