



# REALity

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## HARVESTING HUMAN ORGANS USING ASSISTED SUICIDE PATIENTS

The horrors of the Liberal government’s physician-assisted suicide law have been camouflaged by giving the procedure a euphemistic name, “Medical Assistance in Dying” (MAID). This ploy covers up the hideous fact that the law allows physicians to deliberately kill their patients. Warning after warning against allowing physicians to legally kill their patients have been ignored, creating disastrous problems for humanity.

### ASSISTED SUICIDE IS NOT COMPASSIONATE

Physician-assisted suicide is not really about compassion for the suffering patient, or his/her autonomy. Rather, its ultimate objective is to efficiently and economically obtain human organs for transplantation.

The tipoff about this objective was given by physician Jack Kevoorkian, a pathologist who never treated a living patient after medical school. He became notorious for his seeming delight in euthanizing 130 patients. He admitted, however, in his book, *Prescription Medicine,—The Goodness of Planned Death*, that compassion was never the motivation for his actions. He had a utilitarian objective, which was to remove the tiresome “sanctity of life” ethic practiced by physicians as a first step to legalizing euthanasia. Kevoorkian regarded this ethic as merely an irrational religious belief. He thought that the bodies of people who obtained death by lethal injection should be used as a natural resource for experimentation and organ donation. He argued, “If we’re going to help people die, we might as well derive benefit from their deaths.”

### REMOVING ORGANS FROM EUTHANIZED PATIENTS

It seems that Canada has passed the point of merely discussing organ retrieval from euthanized patients to now acting on it. This fact surfaced when it was discovered, tucked away in the footnotes of the publication by the Ontario government “September Quarter Euthanasia Statistics” (2019), that, during the first months of 2019, 30 euthanasia victims in the province accounted for 18 organ and 95 tissue donations. This was a notable 14% increase over 2018 and a whopping 109% increase over 2017. This information did not become widely known until the *Wall Street Journal* published an article, on June 18, 2019, written by law professor, Frank Buckley. In this article, he disclosed this information and also that the Canadian Medical Association (CMA) had, on June 3, 2018, provided guidelines

for Canadian doctors that allowed them to canvas their vulnerable, suicidal patients for their organs. The CMA did make clear that organ removal should not begin until the patient was medically deceased. This is known as the “dead donor rule”, which requires that the patient be “dead” before organs are removed. This rule was in place to protect severely ill patients from being killed for the sake of their organs. The difficulty for transplant physicians is that the “dead donor rule” means that a person’s heartbeat and breathing must stop for a specified period of time before the patient can be regarded as legally dead. However, during the dying process, organ damage occurs within five to ten minutes caused by the absence of blood flow. Consequently, to get around this hurdle of damage to the organs, the medical community has developed a new ethic to determine death. Called “brain death”, it is an absence of brain waves. In reality, such patients are not actually dead since the heart is still beating and they are breathing. This new ethic is only a myth used by physicians to obtain organs, and it is not a legitimate criterion for determining actual death. It has been invented in order to harvest viable organs from still-living people.

A multi-billion dollar industry has been created around the harvesting of organs, and the new ethic has provided an easier method of obtaining the organs quickly after assisted suicide process has begun. There is a downside, however, to harvesting organs after assisted suicide, in that such patients generally prefer their deaths to occur at home. As organ donation is only legal when a donor dies in a hospital, this prevents many donations from taking place.

To increase the number of organs for transplant, Canada now permits physicians to actively seek the consent to donate their organs from the patients they are going to kill. For exam-

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ple, in Ontario, the Trillium Gift of Life Network, which oversees organ and tissue donations, has made it a legal requirement that the network be notified when death is imminent, either through the hospital or MAID operators, so that the network can “reach out proactively to those who have been approved for assisted death to discuss their organ donation”.

This sends a clear message to both the suicidal, ill and disabled Canadians that their death may have a greater value than their lives and that their death will be of benefit to others.

This proposition, to retain human organs before death, raises alarm bells with regard to people with physical or mental disabilities, who already feel stigmatized and undervalued. The message, subtle or otherwise, is to get them out of the way in order to do something noble with their healthy organs. What about those who can't speak for themselves? This proposition directly overturns a nearly 2500-year-long prohibition against taking a life.

This utilitarian concept of organ transplants was discussed in an article “[Counting the Cost of Assisted Dying](#)”, published in the *Journal of Clinical Ethics* (2020) by two Scottish academics, David Shaw and Alec Morton, who listed the economic advantages of obtaining human organs in this manner. They stated that terminally ill patients experience a poor quality of life, that the high cost to care for them could be better spent elsewhere, and of course, that society will benefit from the organ donations.

This report is disturbing because it points out how quickly the argument about euthanasia has moved from that of supposed compassion and personal autonomy, to doctors and nurses making value judgements about the quality of other people's lives, while seeking to save money and tackling the

blocking of healthcare services due to the scarcity of beds. These authors are attempting to persuade society that allowing the sick, the mentally ill, the elderly and the disabled to be killed by assisted suicide is a worthwhile endeavour.

### **A NEW PHASE IN OBTAINING HUMAN ORGANS FROM ASSISTED SUICIDE PATIENTS**

This is Canada, where we never let a loony progressive notion go unfulfilled. Consequently, we are now entering a new phase in the pursuit of harvesting human organs—namely, obtaining them before the donor's death.

In 2018, two Canadian medical researchers from the University of Western Ontario and a Harvard bioethicist [published an article](#) in the *New England Journal of Medicine* (NEJM) arguing that organs would be of better quality if they could be removed from donors while they were still alive. Removing the organs from a still living donor would result in death, not from a lethal injection, but from the deliberate removal of organs. Some would call this murder. In their article, the authors callously stated the advantages of removing organs from a prospective euthanasia patient while he or she is still alive—namely, the organs would be as fresh as possible and would be more satisfactory for transplant. The authors thoughtfully recommended that the patients be deeply anesthetized to avoid any discomfort during this process.

The transplant industry generates \$20 billion annually, over one billion dollars on immunosuppressive drugs, with transplant surgeons being paid handsomely. Hospitals aren't left empty-handed either. They receive a “finder's fee” explained as “administrative costs.” The only ones left out of the organ transplant gravy train are the dead donors. †

## **SOME HARD QUESTIONS ON EUTHANASIA**

One hears a great deal about assisted suicide, so one would naturally think that it is a common practice taking place throughout the world. This is not the case. Legislation permitting assisted suicide has only been passed in six countries—the Netherlands, Belgium, Luxemburg, Switzerland, Colombia, Canada, and also in eight American states and one Australian state.

The rest of the globe has not been as quick to allow this procedure. There are too many unanswered questions about it. For example, in April, 2020, the U.K.'s Lord Chancellor Robert Buckland QC advised Parliament's Joint Committee on Human Rights that the government has no plans to review the law on assisted suicide. Mr. Buckland stated that there are “grave doubts about the efficacy of drafting a law that would prevent the sort of unintended consequences and abuses that none of us would want to see happen.” Although the U.S. state of Oregon has permitted assisted suicide for 18 years, there are disturbing, unanswered gaps in knowledge about the application of this law. There are also concerns in other countries about the following:

1. There are no legally required reporting procedures in some jurisdictions, and in others, mentioning “medical aid in dying” on a death certificate is forbidden.
2. There is an underreporting bias. For example, even seven years after assisted suicide legislation in the Netherlands, one fifth of the deaths from assisted suicide are not reported and, in Belgium, one third of the cases are not reported.
3. Current research has been limited to interviewing or surveying only the physicians involved in the process, who obviously have a bias in support of the procedure. In-depth knowledge, especially concerning vulnerable population groups, such as the aged and those suffering from severe mental illness or physical disabilities, has not been obtained, nor have the views of patients' relatives been sought.
4. There has been little research on the link between assisted suicide, palliative care and quality of care. In short, what is the influence of assisted suicide on palliative care practice?
5. There has been no study in regard to the pressure that has

been placed on people requesting euthanasia. Did they agree to assisted suicide because of their feelings of being a burden on their relatives and society in order to resolve others' problems, rather than others providing better solutions for them?

6. There has been no in-depth examination of the impact of assisted suicide on the deceased's relatives.

In view of these unanswered questions, it comes as no surprise that, in 2018, the World Medical Association (WMA) reaffirmed its long-standing policy of opposition to euthanasia and physician-assisted suicide. This was again affirmed in October 2019. The WMA also strongly supports conscientious objections by physicians from participating in these procedures, and objects to physicians being required to make referrals for this procedure. At the WMA meeting in 2018 which had affirmed the official opposition to assisted suicide, the Canadian delegation at the meeting, ever progressive, together with the Dutch delegation, tried to change the organization's stance on the issue. When they failed, Canada pulled out of the WMA

The WMA statement coincided with another statement, this time from a religious perspective. Representatives of the three Abrahamic religions—Christians, Jews, and Muslims—signed a declaration at the Vatican repudiating euthanasia and assisted suicide. The statement also stressed the importance of palliative care and the importance of assuring patients that they are valuable, with human dignity, and therefore cannot be regarded as “useless” at the end of their lives.

## THE TRUDEAU GOVERNMENT'S TREATMENT OF ASSISTED SUICIDE

The Trudeau government is scrambling to widen its legislation on assisted suicide, which was passed in June 2016. This legislation called Medical Assistance in Dying (MAID) has resulted in 15,000 deaths in Canada by assisted suicide.

The government has now tabled an extension to assisted suicide (Bill C-7), which will make it available to those who are not necessarily dying. It also removes the ten-day reflection period between a person's request for euthanasia or assisted suicide and the day it's carried out. This would mean a person's life can be ended on the same day he/she makes the request for assisted suicide. Another safeguard to be removed under Bill C-7 is that it would no longer require consent be reaffirmed at the time of euthanasia, but would allow for a waiver of final consent for people who have previously been approved for euthanasia but have lost their capacity to consent. There already have been instances under current legislation when there have been long delays between providing consent and the procedure being put into effect.

By eliminating “terminal illness” in the legislation, Bill C-7 proposes to expand euthanasia to allow those with psychological conditions only, to receive assisted suicide, since the new legislation states the person qualifies for euthanasia “if the illness, disease or disability or the state of decline causes them... psychological suffering that is intolerable to them and cannot be relieved under conditions that they consider acceptable” (emphasis ours). What exactly is “psychological suffering”? Can it include patients suffering from diabetes, arthritis or schizophre-

nia, for example, even though these conditions are treatable? Such patients' medical problems may well cause some psychological suffering and may cause them to decide at some low point in their lives that they should allow themselves to consent to death. These amendments, proposed in Bill C-7, if passed, will make Canada's euthanasia law the most permissive in the world.

Not content with the removal of the above-mentioned safeguards, the Trudeau government is further reviewing the possibility of extending assisted suicide to include minor children and the mentally ill, who may well be incapable of providing their consent.

In his haste and obsession with being a “progressive” leader in the world, Trudeau's legislation on assisted suicide is endangering human lives, causing deep division in the medical profession, and appears to be dramatically out of step with most of the rest of the world. †

## NEW DATE FOR AGM!

The new date for **REAL Women of Canada's Annual General Meeting** is **October 31** from **1:00 pm to 4:30 pm** at:

### LIBERTY SUITES HOTEL\*

7191 Yonge St., Suite 1201, Thornhill, ON L3T 0C4  
(North of Steeles Ave | East Side of Yonge St.)

\*Free underground parking, World On Yonge, Level P2. Register your vehicle licence plate number at the hotel reception on the 12th floor. Traveling directions by car, subway, or bus, are available by calling the Toronto office.

The guest speaker will be **Blaise Alleyne** from the Canadian Centre for Bioethical Reform and Toronto Right to Life speaking on physician-assisted suicide in the presentation entitled: “*Changing Hearts and Minds on Assisted Suicide*”.

Adverse Amendments (Bill C-7) to Canada's already harmful MAID legislation will be debated after Parliament resumes on September 23, 2020. *Light refreshments will be provided.*

Because of regulations under COVID-19, we are restricted as to the number of persons allowed in the meeting room. The AGM is open only to members in good standing and co-operating organizations at the invitation of the Board. Please **RSVP by October 27** if you would like to attend. You can call **1-905-787-0348** or email [info@realwomenofcanada.ca](mailto:info@realwomenofcanada.ca). If you would like to submit a nomination for the Board of Directors or a resolution, the due date under the by-laws is October 17. (See the [initial notice](#) of the AGM in **March 2020 REALity** for more details on submitting nominations and resolutions).

REAL Women would also like to bring to our members' attention a resolution proposed by the Board which is to be voted on at the meeting.

The resolution is as follows: **Be it resolved that REAL Women of Canada not appoint a public accountant for the fiscal year 2020.**

This proposed amendment is in accordance with the Canada Not-for-Profit Corporations Act which allows for this decision if it has the consent of the members at the annual meeting of the organization. †

# MORE ON TRUDEAU'S UNPRINCIPLED BEHAVIOUR

In addition to the ethical breaches discussed in the August issue of REALity, Prime Minister Trudeau has carried out a number of other unprincipled actions.

In 2019, he amended the *Criminal Code* in Bill C-75, claiming such changes were merely housekeeping amendments. Upon review, it appears that some of these amendments amounted to major changes in the criminal law. These amendments were rushed through in June 2019, the last week Parliament sat before the summer recess, prior to the October federal election. In the rush to push this bill through, MPs did not have the opportunity to properly review the amendments, but all the Liberal MPs voted for the amendments anyway.

Some of the amendments in the bill were reasonable. Other changes were controversial and significant.

## SOME OF THE SIGNIFICANT CHANGES IN BILL C-75

One of the changes in the *Criminal Code* was to lower the age of consent for anal sex from 18 years to 16 years. Trudeau had tried to lower the age of consent for anal sex the previous year, but, due to the backlash, was forced to withdraw the legislation. By embedding this provision in Bill C-75, Trudeau succeeded in having it passed, since most of the MPs were unaware of its inclusion in the bill.

Another startling provision included the elimination of the offence of interrupting or disturbing a religious service. Another amendment eliminated the offence of vagrancy. Why were these offences removed?

Other changes included amending offences that had previously been indictable (that is, major offences) in order to provide an option to reduce these offences to summary offences (minor offences) only; thus, reduced the penalties.

Some of these optional "summary" offences now include the crime of infanticide, crimes that corrupt children such as exploiting a child or performing indecent acts in front of children, counselling or aiding in a suicide, human trafficking, polygamy, and participating in criminal organizations, such as the Mafia or terrorist organizations.

As a result, under the guise of criminal justice reform, Trudeau has changed Canadian society to fit a more liberal interpretation of harm caused.

Further unprincipled actions by Trudeau include:

- Having successfully slipped through controversial amendments to the *Criminal Code* in 2019, Trudeau used this approach again in legislation that was supposedly to provide benefits to the public during the pandemic. Trudeau embedded in this legislation sweeping powers for himself to operate for over a two-year period without parliamentary oversight. Fortunately, the opposition parties caught this deceptive attempt that provided Trudeau with unprecedented power, and rejected the provision.
- Trudeau has consistently provided government grants to only those Canadians who support his policies: For example, the Summer Jobs Program included a provision

that benefits could only be provided to a recipient if he or she agreed, with a signed attestation, to abortion, homosexuality, and transgendered rights, regardless of their religious convictions.

- Trudeau attached restrictions on the pandemic benefit package for corporations, requiring those receiving the grant to agree to climate control measures, provide preferential shares in the corporation for the government, and permit the government to have observers sit on the corporation's board, among other conditions. ***Not a single corporation in Canada has agreed to accept this benefit package.***
- To obtain Arab support for his unsuccessful attempt to obtain a seat on the UN Security Council, Trudeau abandoned Canada's long history of supporting Israel at the UN. In November 2019, Canada voted in favour of an anti-Israel resolution, condemning Israel for erecting a security barrier, which reduced violence in that country.
- Prior to the Easter long weekend, Trudeau ordered Canadians to remain at home in a tight lockdown. He then was driven to his summer residence at Harrington Lake in Gatineau, Quebec to spend the long weekend with his own family. Trudeau was not alone in his sense of entitlement in regard to the lockdown. Minister of Health Patty Hajdu, travelled back and forth to her home in Thunder Bay on numerous occasions during the lockdown. The Canadian taxpayer paid \$73,000 for these weekend flights home. Treasury Board President, Jean-Yves Duclos, also made numerous visits to his home in Quebec City at a time when the COVID-19 pandemic was at its peak.

## TRUDEAU'S AUTHORITARIAN RULE

National Post columnist Rex Murphy describes Trudeau as the "Emperor of Rideau Cottage" from whence he rules the country without parliamentary oversight due to the NDP agreement to suspend Parliament until September 23, 2020. Parliament has only sat for 39 days between the closing of Parliament for summer recess on June 22, 2019, and June of this year, with a few ineffectual virtual Parliaments, at which only a minimal number of MPs are present. There is little opportunity to raise questions during these brief sessions.

## WHY TRUDEAU IS NOT EMBARRASSED BY HIS BEHAVIOUR

Because of his elitist and privileged background, Trudeau appears to assume that laws do not apply to him, only to the other lesser mortals in the country. A less arrogant and self-absorbed leader would not behave as Trudeau has. Trudeau believes he is a knowledgeable, progressive leader responsible for directing lesser Canadians along his progressive path. He dismisses those Canadians, who do not go along

with him, as ignorant and misinformed. Trudeau displays contempt for Parliament and for the public. National Post columnist Conrad Black stated (July 11, 2020) that Trudeau possesses a “self-preening Peter Pan naiveté”.

### **CANADIANS ACCEPT TRUDEAU’S UNPRINCIPLED BEHAVIOUR**

Because Canadians re-elected Trudeau in the 2019 election, it seems that they are prepared to overlook his many scandalous breaches of acceptable behaviour.

These violations received media coverage for a few weeks, the issues died down, were rarely discussed, and were soon forgotten. Canadians seem to take for granted the Liberal Party’s belief that what’s good for the party is good for Canadians.

The conclusion that Canadians forgive and forget the Liberal Party for its errors and corrupt behaviour is made obvious by the fact that the party has been the elected government for the majority of the 20<sup>th</sup> and into the 21<sup>st</sup> century. This occurs despite the fact that arrogance, corruption and entitlement are threaded throughout the

party’s past and present history. Canadians accept that Liberal self-interest is what Liberals do when in power, and appear willing to ignore it. Examples of the Liberals’ past corruption include the behaviour of former Liberal Prime Minister, Paul Martin, who was previously Finance Minister. At the time, he owned a global shipping company. Martin transferred ownership to his sons in trust under public pressure in 2003. However, during Martin’s term as Minister of Finance, the steamship line received over \$100 million in business and government grants. More corruption occurred during the time when Prime Minister Jean Chrétien was Prime Minister. His government bought ads in Quebec from 1996 to 2004, supposedly to support Quebec industries. The Liberal-linked advertising companies did little or no work, but either had Liberal organizers or fundraisers placed on their payrolls or donated funds back to the Liberal Party. Trudeau seems to be following in the footsteps of his predecessors.

As long as Canadians do not demand honesty and integrity from their politicians, they will not have an honest government. History has shown this time and time again. †

## **UN MAKES ABORTION ITS PRIORITY, IGNORING HUMANITARIAN AID**

The UN was advised by the U.S. government in May 2020 that its humanitarian food aid package to developing countries should not be premised on recipient countries providing abortion services contrary to their culture and religion (see July 2020 REALity). The UN ignored this warning.

The UN Commission on Population and Development (CPN) spent the entire month of June 2020 demanding that its food package, desperately needed in Yemen, Ecuador and other developing countries, because of the COVID-19, should still include the provision for abortion.

The United States, together with some other countries, refused to let this food package go forward under these terms. Instead of compromising on this issue, the CPN decided, instead, to remove the food package altogether from distribution. In effect, the UN officials decided that their entrenched ideology on promoting elective abortion had priority over basic humanitarian needs.

Sadly, the response to the problem of food shortages during the pandemic has, in effect, been sabotaged by the UN’s myopic preoccupation with abortion. In fact, the CPN, which sets the agenda for the UN’s controversial population control agency, called United Nations Population Fund (UNFPA), has failed in four out of the past six years to obtain any result from negotiations because several governments have resisted UNFPA’s aggressive pro-abortion agenda. The European Union and Luxembourg are the main culprits in refusing to compromise their obstinacy on abortion.

UNFPA Initial Service Package (ISP) (food), its COVID-19

response providing a so-called food package, essential for survival in some countries, was to include a box kit with “reproductive health materials”. The kits contain a variety of abortion-related items, such as vacuum extractors and cranioclasts for crushing fetal skulls. This is in blatant violation of national laws in many countries. Currently, UNFPA is trying to raise \$100.5 million for more of these “reproductive health service kits”.

This raises serious questions about whether UNFPA should be disbanded in its entirety. It is disconcerting that this agency is known to conduct all-out assaults on developing countries, threatening the jobs of diplomats in these countries, and threatening to withhold development aid that many governments depend on, unless they accept UNFPA’s demands to provide abortion services. The U.S. government, in 2017, withdrew funding from UNFPA because it was cooperating with China on its compulsory abortion and sterilization policy.

This recent controversy at the UN has resulted in victory for pro-life governments and for their untiring diplomats, who refuse to capitulate to UN coercion. At the same time, it was a missed opportunity for UN unity and displayed a tragic disregard for the urgent humanitarian needs that the world expects the UN to provide.

The UN is not carrying out the intended humanitarian purposes expected when it was founded in 1945. Instead, the UN has deteriorated into a global tool to force sovereign nations to accede to left-wing, anti-life policies. The UN has outlived its usefulness. †

# PRESIDENT'S MESSAGE



Dear supporter of REAL Women of Canada:

Welcome to the September 2020 issue of e-REALity and the August/September 2020 issue of our bi-monthly print version. There are so many political and social issues facing the Canadian family unit these days that often it is difficult to decide what topics to focus on each month. September's edition focusses on euthanasia/physician-assisted suicide, unprincipled behaviours at the federal government level and the misplaced priorities of the UN.

The new leader of the Conservative Party of Canada, MP Erin O'Toole, owes his win to the "re-assigned" votes of social conservatives whose endorsement of pro-life candidates Derek Sloan and Leslyn Lewis eventually put Mr. O'Toole in the lead. After the first ballot, Sloan and Lewis combined had captured 41% of the total votes cast. Going forward, the social conservative electorate must hold the pro-choice Mr. O'Toole accountable for the various promises he made during his campaign to woo them over to his side. Activism is as important now as it ever was.

We are looking forward to our Annual General Meeting, which has been rescheduled to October 31, 2020. Please see more details in this issue and in the March 2020 issue of REALity. Due to the current COVID restrictions, the number of people allowed into our meeting room is limited, so it is important that you register as soon as possible. The deadline to register is October 27, but we may reach our maximum before that date. Hopefully, the restrictions will be lifted by then. Attendance is restricted to members of REAL Women of Canada, in good standing (i.e. membership is up to date). If space allows, representatives of co-operating organizations may be invited by the Board.

As always, we are grateful to you for your continued support.

Regards,

*Pauline Guzik*

Pauline Guzik, National President †

## MAKING A GIFT UNDER YOUR WILL TO REAL WOMEN OF CANADA

Making a gift under your Will to REAL Women of Canada is a lasting gift, not just to REAL Women itself, but also to Canada as a whole. Canada needs strong families, especially now, when the fabric of society is being torn apart by materialism, selfish individualism, and disrespect for human life.

REAL Women efforts on behalf of the traditional family have never wavered. Through turmoil and adversity, we have put forward our voice on behalf of the family in a clear and uncompromising manner. We can only continue this vital work for many generations to come with your help.

When preparing your Will, please consider assisting REAL Women by making a bequest to our organization so that we can continue with our crucial work.

We know that including a gift in your Will is a very personal and private decision. Please be assured that any information you give us will be kept strictly confidential at all times. †



Cartoon: Sue Dewar, Toronto Sun, July 29, 2020

## 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 \_\_\_\_\_

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