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Fall 2005

Voices of Save.

Suicide Awareness Voices of Education®

The mission of SAVE is to prevent suicide through public awareness and education, eliminate stigma, and serve as a resource for those touched by suicide.

NBC Life Coach Rhonda Britten Partners With SAVE

By Sarah Matala



Rhonda Britten

Rhonda Britten, life coach from NBC's Emmy Award-winning syndicated daytime TV show, "Starting Over," and national best-selling author, will speak at a fundraiser for SAVE on Saturday, Nov. 5. Founder of the Fearless Living Institute (www.fearlessliving.org), Britten's own experience with tragedy qualifies her to lead others to discover their potential. When she was a teenager, she witnessed her father fatally shoot her mother and then take his own life. She spent years hiding the fact that her parents had died and how they had died, feeling worthless because of her secret.

Britten has developed the only model for mastering emotional fears that exists today. She shares her Wheel Technology used by therapists, counselors and coaches worldwide in her national bestselling book, "Fearless Living: Live

Without Excuses and Love Without Regret," which is translated into 12 languages. She also shares the effectiveness of innocent communication in "Fearless Loving: 8 Simple Truths that will Change the Way You Date, Mate and Relate." Her latest book, "Change Your Life in 30 Days," is making a difference in lives all over the country.

The fundraiser includes dinner, Britten's inspirational story and wisdom, and a silent and live auction, followed by a book signing. This special, intimate evening for 200 guests is \$100/person at the Crowne Plaza in Bloomington, Minn. Call the SAVE office for more information about ticket availability.

Depression Lurks As Chronic, Recurring Medical Illness

By Georgia Ewing

Major depression, a serious medical illness affecting 19 million people each year can occur once and respond to treatment, and never occur again within a lifetime. However, some people tend to have recurring depression.

"Depression tends to be a recurrent illness," says University of Minnesota psychiatrist Dr. Thomas Mackenzie. He estimates that following a first episode, there is a 50 percent chance of recurrence. The risk ramps up to 70

percent following a second episode and 90 percent after a third incident.

By some estimates, approximately three-fourths of persons who have experienced depression will have another encounter with this illness that affects twice as many women (6.7 million) as men (3.2 million).

Many experts believe that depression is as valid as such other brain illnesses as Parkinson's disease and multiple sclerosis. "People afflicted with depression or other

brain illnesses are not crazy," says Minneapolis psychotherapist Katy Wait. "People sometimes think that depression is their fault, but it is a medical condition just as diabetes, high blood pressure and cancer are real physical problems. None of these illnesses are caused by personal weakness."

And, Wait points out, depression doesn't follow a pattern. Some persons

Continued on page 3

Support SAVE

Charlotte Martin Designs Bear for SAVE Auction



Charlotte Martin

Singer Charlotte Martin has joined forces with Build-A-Bear Workshop for a charity auction that will benefit SAVE. Martin has custom designed a Pumpkin Bear dressed in trendy

back-to-school attire and sporting a voice greeting from her. The bear is being auctioned on eBay.

“We are truly grateful for all that Charlotte is doing to help raise awareness of this very serious and still hidden public health issue,” says Dan Reidenberg, SAVE’s executive director. “By building a bear for this charity, Charlotte shares her talent and celebrity status and is telling everyone that it is OK to seek help for depression so that suicide can be prevented. She is a role model of philanthropy for all of us.”

www.charlottesmartin.com

Mary Kluesner Bids Farewell to SAVE’s Board

By Marit Brock



Mary Kluesner

This fall Mary Kluesner, a founding member of SAVE, steps down from her long-time role on the board of directors. Mary’s work in suicide prevention began after the death of her daughter Amy, in 1985. While she now knows that Amy exhibited many of the warning signs of suicide, at the time there was little understanding of depression and suicide, and social stigma prevented people from talking about it.

The original work of SAVE was to “break down the wall of ignorance” about depression and suicide. Kluesner remembers these grassroots efforts with pride “We were a team of ordinary people that did extraordinary things,”

she says. “We were the first ones doing this work.”

The grassroots efforts of suicide survivors mobilized a change in attitudes about depression and suicide which led to the Surgeon General of the United States declaring suicide a major public health problem in 1999.

Kluesner’s understanding of depression and suicide grew even deeper following the death of her son, Michael, in 1997. “Sometimes depression is a terminal illness even with the best care,” she observes. “This is still very complicated. We need more efforts to overcome stigma and more medical research to understand the link between brain diseases and suicide.”

She maintains that suicide is the most preventable death in America today.

In her role as a public speaker, Kluesner has touched many lives in large and small ways. Martha Field, coordinator for corporate giving at Thomson West Publishing, worked with her on the company’s workplace charitable giving campaign. She notes that Kluesner’s moving, courageous presentations helped demonstrate how charitable dollars are used to help real people.

Kate Stanley of the Minneapolis StarTribune says, “There is no doubt in my mind that Mary Kluesner has done more than anyone else to enlighten all of Minnesota, and quite possibly all of America, about suicide and its link to brain disorders. Mary has been a key force in spurring me to write frequently about mental health.”

When asked about her future plans, Kluesner replies “My heart will always be in suicide prevention. SAVE is in very good hands, with a dedicated staff and remarkable board.”

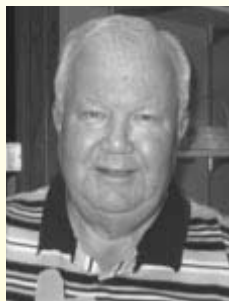
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A sincere thank you to everyone who contributed to the Fall 2005 SAVE newsletter!

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SAVE Salutes Volunteer of the Year Pat Finley

By Dave Morton



Pat Finley

Congratulations to Pat Finley who received SAVE's 2004 Volunteer of the Year Award. A retired CFO, Finley turned a 12-month commitment into an 18-month project to help SAVE update its financial systems and chaired the Finance Committee. He also served as board treasurer, worked on the golf committee, and made suggestions for revamping financial procedures and protocols.

Brought in by one of SAVE's founders, Mary Kluesner, Finley tackled his job with dedication, putting in long hours and making major contributions. Office Manager Pat Storti says, "He has a

quiet humor, is a calming influence, and is a great mentor. We turned to him for advice on many issues. He seemed to enjoy his time here, and so did we!"

Finley notes, "SAVE is an excellent organization, and the new director adds even more depth to the organization. I have full confidence in its future."

According to Storti, one of Finley's hobbies is "chocolate," but he lists only golf and bridge among his avid hobbies. When not on the links or at the bridge table, he volunteers for such organizations as VEAP, a food shelf organization, and his church.

Depression, a Chronic Recurring Medical Illness from page 1

encounter several episodes during a year; others go months or years without a return of symptoms.

The important thing to note, she says, is that depression is often a chronic, recurring illness rather than a "self-limited, singular experience."

So what triggers the recurrence of this brain illness? "This is not well known," Mackenzie says. "Stress, typically problems in relationships, is a leading candidate. But medical illness and changes in the season can be triggers. Pregnancy and the post-partum period are risk periods for women."

No single cause of major or recurring depression exists. It is thought that psychological, biological and environmental factors may contribute to initial development and recurrence.

"Though scientists have found evidence of a genetic predisposition to major depression, not everyone with that predisposition actually develops depression or a return of it," Wait observes, adding that many depressive episodes are spontaneous and are not the result of a life crisis, physical illness or other risks.

Wait also notes that hormonal changes can influence the functioning of brains. Such hormonal fluctuations occur before menstrual periods, following birth and preceding menopause. Some 80 percent of women experience some mood changes after birth. Most have mild symptoms that disappear on their own, but up to 20 percent of women develop postpartum depression.

Susan Swanson (not her real name) describes her battle with depression. "Depression seems to just lie in wait, underlining my every moment," she says. "It breaks through when I am more emotionally vulnerable, when something goes wrong and in particular when it's unexpected. Sometimes its intensity is short-lived, maybe a few days. Other times it's more powerful for months at a time. However, this is an improvement over the incapacitating depression I've been through that lasted several years."

To keep her depression under control she stays in therapy and remains on medication.

What does she do when depression returns? "When it does, I make sure my therapist realizes it," Swanson says. "Because I don't communicate as well when it is stronger, it's not necessarily easy to pick up, even by a therapist that knows me well. I am so used to just splitting off and acting as though everything is fine, it is very easy even for me not to acknowledge the rising strength and influence it [depression] has on my everyday choices and judgments."

She allows that awareness of returning depression is critical to reducing any damage. Letting it run its course sometimes works for her. "Sometimes it means staying home from work and just laying in bed all day and knowing that it's just what you needed to do . . . Often just letting myself rest without any of the pressures of the day is enough."

When depression returns, Mackenzie

suggests seeking treatment with a professional and putting off making life-changing decisions. "There is evidence that continuous use of medications can reduce the recurrence," he says, adding that stress management and exercise help to reduce recurring incidents.

"Sometimes a reevaluation of medication is necessary," Wait says, adding that a psychotherapist will be able to recommend coping tools and often teach coping skills.

Both Mackenzie and Wait offer suggestions for persons subject to recurring depression:

- Establish routines—sleep, exercise, diet and social activities—that can be maintained even if stress overtakes you.
- Avoid getting stuck in the past; stay in the present. Depression can rob your ability to live in the present. But don't look too far ahead.
- Keep track of negative thinking. While a gloomy outlook can protect against disappointment, it also can recruit additional negative thoughts leading to a cascade.
- Try to worry less about what other people think.
- Let go of things you can't control.
- It's OK to say no.
- Work on letting go of things.

Thomas Mackenzie is vice chair of the department of psychiatry at the University of Minnesota in Minneapolis.

Katy Wait, MA, LMFT, is a psychotherapist in private practice and works with a variety of clients—individuals, couples and families.

Dogs Can Help Alleviate Depression

by Dave Morton

The doctor's letter reads, "Meghan Saweikis is my patient.

I am treating her for a chronic medical disability.

Meghan uses a service dog to assist her in managing this disability, and I support her in doing so. Please accommodate Meghan and her specially trained service dog, Nadia, as needed."

Additional information from her doctor might have read like this: "Meghan was treated for 3 years with talk therapy and medication, but progress was minimal. When I suggested that she get a dog, and have it trained as a psychiatric service dog, the results were dramatic. She's still taking medication, but with the dog added to her treatment protocol, she's now doing well."

Fiction? Fantasy? No. This story demonstrates how bonding with animals—primarily dogs—can help alleviate depression and give persons struggling with mental illness a reason for living.

Saweikis' case goes beyond depression and bonding. Her dog, Nadia, a German shepherd, is a "psychiatric service dog" (PSD), which was trained for 18 months to perform such tasks as waking her when she's having a nightmare and shielding her from people who approach too closely. But the bonding is key. For her and others in similar circumstances, half the "medicine" for daily living is her bond with the dog. As she relates, "Nadia gets me out of bed when I wouldn't otherwise leave my house."

Four categories of dogs provide support for emotional problems, including depression.

A **pet dog** brings psychological benefits almost immediately to its new owner. The *fastest and easiest* route to emotional support from a dog is to acquire one as a pet. It's important to budget for the time, effort, and expense!

For those who need more than a pet, service training of the pet may be a possibility, depending upon the dog's temperament and trainability.

A **therapy dog** is sometimes used in

group homes. Beth Stopka works as a direct care specialist at a group home in the Minneapolis area. Her four female clients have various mental and physical disabilities ranging from severe mental retardation to depression and schizophrenia. Stopka advocates using animals to help such persons, as does the company's management, which keeps a golden retriever named "Camp" on staff.

"When the main office sends the dog over for an hour to be with the clients, the beneficial effects last all day," says Stopka.

Therapy dogs are also used in such institutional settings as in-patient mental health facilities, "partial" outpatient programs, individual therapists' offices, even nursing homes. Such dogs are often an indispensable source of comfort and stability for those who interact with them.

Emotional support dogs (ESDs) or other **emotional support animals** (ESAs) and **psychiatric service dogs** (PSDs) are additional types of canines that a psychiatrist may recommend to lend support to persons with mental health issues. The help they provide is similar to that given by dogs for the blind, deaf and physically disabled, except that the aid is emotional rather than physical.

The Americans with Disabilities Act of 1990 (ADA) defines a service dog as one that is individually trained to do work or perform tasks that benefit persons with a disability. PSDs are useful for people suffering from major depression, anxiety, agoraphobia, autism, post traumatic stress disorder and other psychiatric conditions. A PSD may only be used by persons with a disability, as defined by the ADA, and when the severity of their symptoms requires a highly skilled form of canine assistance.

State and federal laws govern public use and access with service dogs.

However, general ignorance of the ADA by gatekeepers of public access, coupled with the seeming absence of the law and the lack of a government-issued ID tag for the dog cause many PSD owners grief

when they attempt to enter restaurants, movie theaters, etc., and find themselves and their dogs illegally barred from entry.

An emotional support animal (ESA), in contrast to a PSD, is not necessarily trained and may be used for companionship and calming physical presence more than anything else. Under the Fair Housing Act, persons with disabilities may have an "emotional support animal," even in no-pets housing.

In contrast to emotional support dogs, therapy dogs and pets, a psychiatric service dog (PSD) must be owned and operated by a single disabled individual. Joan Esnayra, Ph.d., who coined the phrase "psychiatric service dog" and founded the Psychiatric Service Dog Society (www.psychdog.org), contrasts pet ownership with PSD ownership: "The real medicine of PSD ownership is the relationship or bond that the owner enjoys with the dog. With a PSD, the relationship is 24/7. This 'joined-at-the-hip' lifestyle fosters a stronger, more therapeutic bond than one gets from occasional interactions with a family pet."

Thirty-three-year-old Carey Ivey, of Dayton, Ohio, says the 24/7 relationship is crucial. "Medication, therapy, exercise, and two pet dogs, whom I love dearly, didn't help enough," she notes. "With Asta [her rottweiler PSD], I've been able to return to college part time—a dream I've had since high school. Asta is my rock. She performs special tasks, and gives me emotional, physical and psychiatric support. I can't imagine life without her."

Asta was Ivey's pet before she decided to train her dog to be a PSD. The pairing has worked so well, she's even been able



Carey Ivey and Asta, her psychiatric service dog.

Continued on page 5

Depressed Adolescents from page 4

to reduce her medication dosages "...with my doctor's approval, of course!"

PSD owner Brenda Bryant, 44, of Aurora, Colo., comments, "One symptom of major depression is lethargy. But when you take on the commitment of caring for your dog, you are forced to take on its needs, feedings, bathroom breaks, and playtimes. You gain from this, and your depressed phases aren't so low as before."

Here are a few examples of the tasks that a PSD may be trained to perform:

<i>Symptoms</i>	<i>Trainable Tasks</i>
Anxiety	HUP-UP command (onto lap)
Persistent sadness	HUG command
Hopelessness	CUDDLE and KISS commands
Hypersomnia (excessive sleeping)	Wake-up at specific time each day
Lack of motivation	SETTLE for tactile stimulation sessions apathy
Short-term memory loss	Remind to take medication at specific times

As for training, "It's a two-way street," says Esnayra. "At first, the owner trains the dog, but over time the dog begins to train the owner—cultivating the owner's insight and body-awareness of developing mental health symptoms."

The unconditional love from a dog—sometimes coupled with training—can make a tremendous difference in the happiness and quality of life for many people. And I'll just bet that all that love flows right back to the dog—don't you think?

New Treatment May Help the Treatment-Resistant

For those who do not respond to currently existing depression therapies, such as medication, psychotherapy or electroconvulsive therapy, depression can be a painful and disabling disorder. A team of researchers out of Emory University School of Medicine may have found an answer for these treatment-resistant patients with a new therapy called deep brain stimulation.

Deep brain stimulation is based upon the observation that a region of the brain called Brodmann area 25 is metabolically overactive in treatment-resistant depression. Researchers studied whether a chronic deep brain stimulation to modulate this activity could help patients with treatment-resistant depression.

What the researchers found was that deep brain stimulation was associated with a "striking and sustained" remission of depression in four of the six patients they studied.

The six study participants had been suffering from depression anywhere between 1.5 to 10 years and were considered to be treatment-resistant.

Among the effects patients reported were sudden calmness,

heightened awareness and increased interest. They also exhibited increased motor speed and higher rates of spontaneous speech.

After two months of treatment, five of the six patients exhibited decreases in their depression scores of at least 50 percent. At the six month point, four continued to have an antidepressant response.

The researchers concluded that, although the study was limited in scope and length, deep brain stimulation "may represent an effective, novel intervention for severely disabled patients with treatment-resistant depression."

Author: Nancy Schimelpfening, *Your Guide to Depression*, ©2005 by Nancy Schimelpfening <http://depression.about.com> used with permission of About, Inc. which can be found on the Web at www.about.com. All rights reserved.

Reference: Deep Brain Stimulation for Treatment-Resistant Depression

Neuron, Volume 45, Issue 5, 3 March 2005, Pages 651-660

Helen S. Mayberg, Andres M. Lozano, Valerie Voon, Heather E. McNeely, David Seminowicz, Clement Hamani, Jason M. Schwab and Sidney H. Kennedy.

Possible test for Bipolar Disorder May Emerge

It looks like a diagnostic test for bipolar disorder is in the works. Mayo Clinic researchers have discovered that a new approach to brain imaging may lead to a test for this brain illness that encompasses extreme swings from euphoria to depression.

Dr. John Port, a diagnostic radiologist at the Mayo Clinic, and his colleagues combined imaging techniques in a new way to seek clues about bipolar disorder. Though the research is preliminary, it's possible that a diagnostic test could be on the scene in three to five years, Port says.

SAVE calendar

Sept. 8-10

SPAN USA's 10th Anniversary
National Awareness Event
Hyatt Arlington, Washington, D.C.
www.spanusa.org

Oct. 1

Designed to SAVE
Medina, Minn.
www.save.org

Oct. 6

National Depression Screening Day
www.mentalhealthscreening.org

Oct. 19-21

First National Conference for
Survivors of Suicide Attempts
And Healthcare Professionals,
Memphis Marriott Downtown
Memphis, Tenn.
www.oassis.org

Oct. 27

Soup It Up For Kids
KFAN The Restaurant
Roseville, Minn.
pstorti@save.org

Nov. 5

Rhonda Britten
NBC's Starting Over
Founder, Fearless Living Institute
Crowne Plaza Hotel
Bloomington, Minn.
www.save.org

Nov. 19

National Suicide Survivors Day
www.afsp.org

Legislative Round-Up

By Dan Reidenberg



The National Suicide Prevention Council spent a day at the capital in Washington, D.C., earlier this year. From left to right in the front row are: Dale Emme, Light for Life Foundation Int'l, Yellow Ribbon; James Clemons, OASSIS; Donna Barnes, NOPCAS; Iris Bolton, Links NRC for Suicide Prevention & Aftercare; Alan Ross, The Samaritans; Dar Emme, Light for Life Foundation Int'l, Yellow Ribbon; Joanne Harpel, AFSP.

Back row left to right: Jerry Reed, SPAN USA; Dan Reidenberg, SAVE; Donna Satow, Phil Satow, The Jed Foundation; Alan Berman, AAS; Reese Butler, Kristin Brooks Hope Center, National Hopeline Network; Robert Gebbia, AFSP.

SAVE has been hard at work educating and advocating for suicide prevention programs and funding both nationally and locally in Minnesota.

In February SAVE and Yellow Ribbon wrote a letter (supported by 11 other grant recipients) to Minnesota governor Tim Pawlenty on the importance of educational and training programs throughout the state. E-mail alerts to more than 500 people were distributed as were letters to party chairs and finance committees, and phone calls were made to members of the House and Senate.

On March 8, SAVE also participated in a "Day on the Hill," when staff and volunteers met with more than 50 members of the state legislature and held a press conference with Yellow Ribbon.

In June SAVE's Executive Director Dan Reidenberg went to Washington, D.C., and with members of the National Council for Suicide Prevention

spent a day at the Capitol.

"It was an exciting afternoon meeting with members of congress," Reidenberg says. "I personally met with representatives from seven different states and helped inform both sides of the aisle on the nature, scope, and realities of suicide in this country. They were very appreciative of our efforts to meet with them and many had questions we answered, for example about mandated screening programs, economic costs related to suicide and attempted suicide, and cultural differences in awareness programs."

This spring SAVE received a special donation to develop an informational brochure that will identify populations at high risk for suicide and intervention strategies. The brochure, which is expected to be completed this fall, will be distributed to medical professionals practicing in rural areas across the country.



Golf Tournament Sponsors

Many thanks to Paul Douglas, WCCO-TV Chief Meteorologist; Bill Popp, President and CEO of POPP Telecom; and our many sponsors for making the Paul Douglas Golf Classic benefiting SAVE a success. The golf, dinner and auction netted \$96,000 to help provide public awareness and education for depression awareness and suicide prevention.

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SAVE Publications and Educational Materials Order Form

SAVE's Suicide Prevention Community Action Kit

You Don't Need to Reinvent the Wheel.

SAVE's Suicide Prevention Community Action Kit is filled with tools such as depression awareness and suicide prevention educational handouts, public awareness materials, pre-printed and pre-recorded ads, community education programs (how to build a speakers' bureau and start a school-based program, etc.), materials for the press and the public, reproducible products, suggested activities, as well as contact and resource information, and much, much more.

"The kit has been an invaluable resource for our student suicide prevention program. Each high school in our district ordered a kit."

— Anne Erickson, Licensed Counselor
Mahtomedi High School

Thank you for making my job easier as the new suicide prevention coordinator for Chippewa County Family Services. The materials in the kit provided me with everything I needed.

— Jennifer Husby
Chippewa County Family Services



EDUCATIONAL MATERIALS

- Community Action Kit
- Depression: Information Everyone Can Use Folders (Pk 10)
Booklet only
- What to Do-Guide for Young People (Pk 20)
Booklet only
- Suicide: Coping with the Loss of a Friend or Loved One (Pk 10)
Booklet only
- SAVE Corporate Brochure (Pk 25)
- General Poster
- Teen Poster
- Adult Wallet Card (Pk 100)
- Youth Wallet Card (Pk 100)

BOOKS

- Suicide: Survivors
- Suicide: Why?

PUBLIC SERVICE ANNOUNCEMENTS

- Radio
- Print
- Billboards - 30 Sheet Posters
- Billboards - 14"x48' Bulletins

Qty.	Price	Total
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	\$2.00 each	
	\$40.00	
	\$.75 each	
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	\$1.50 each	
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	\$1.50 each	
	\$1.50 each	
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	\$3.00/cd	
	\$2.00	
	\$65.00 each	
	\$1,050.00 each	

Subtotal _____
 MN residents add 6.5% tax _____
 If exempt, include Tax Exempt ID# _____
 Shipping Costs: \$4.00 for 1-4 units; \$8.00 for 5+ units; \$4.95 per Kit
 Please include my tax deductible contribution to SAVE _____
 TOTAL \$ _____

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Please give SAVE a call at 952.946.7998 x22 or via e-mail @ www.save.org if your address has changed. Thank you.