



New Jersey Self-Help Group Clearinghouse

100 E. Hanover Ave., Suite 202, Cedar Knolls, NJ 07927-2020 * 1-800-367-6274 or 973-326-6789 * www.njgroups.org

Announcing the **NEW 22nd Edition (Available mid-May, 2007)**

SELF-HELP SUPPORT GROUP DIRECTORY

Your **only** comprehensive guide to local community, national & online support groups.

The new updated **744-page Directory** serves as a valuable resource for linking people in need with the support, understanding and assistance that so many mutual aid groups offer. *Simply paging through the Directory can provide an education as to the wide variety of groups available for no-cost or minimal dues!* This edition provides:

- Updated contacts for over **4,500 self-help support groups** in NJ for addictions, bereavement, disabilities, health, mental health, caregivers, abuse, family, parenting and more. Includes over 250 new groups.
- Over **1,100 national, international, model, & online self-help groups.**
- Includes a section on **how to start a community self-help group.**
- Over 400 state & national **toll-free specialty helplines, local helplines & psychiatric crisis hotlines.**
- Comprehensive **keyword index** and “**Lay flat** on your desk” binding.

Cost: **\$27** each (**20% Public Library Discount available** – see below), plus **\$3** postage for one or more copies.

Non-refundable prepayment by check or credit card is **required** (sorry, we simply are unable to accept or process purchase orders). All orders are mailed “guaranteed return postage” MEDIA/BOOK RATE.

Please send me _____ copy(s) of the 2007 Directory @ **\$27.00 each** = \$ _____

For Public Libraries only a 20% discount or **\$21.60 each x _____ copy(s)** \$ _____

Packaging & Postage + **3.00** (per order)

TOTAL payment \$ _____

Bulk rate discounts are available for **5 or more** copies. Call for details: **1-800-367-6274**.

PAYMENT METHOD: Check (please make your checks payable to “**Saint Clare’s Health System**”)
 Credit Card (*credit card orders also taken over phone - call us at **1-800-367-6274** or fill out form below and either mail or fax **973-326-9467** it to us*).

Type of Credit Card: Visa MasterCard Discover
Card Account # _____ **3 digit code** on back _____
Expiration Date: _____ / _____ Name on Credit Card: _____
(Please note: Credit card bill will reflect “Saint Clare’s Hospital” on your statement)

Mail to: **NJ Self-Help Clearinghouse**
Attn: Directory
100 E. Hanover Ave., Suite 202
Cedar Knolls, NJ 07927-2020

Your Name: _____ Phone: (_____) _____

Agency (if applicable): _____

Street Address: _____

Town, State & Zip Code: _____