



# Chapter Resources

Depression and Bipolar  
Support Alliance

*As a benefit of chapter affiliation, we will send you up to 100 total brochures quarterly free of charge (400 brochures total for the year). We are pleased to provide these resources to help your chapter get the word out to your community about mood disorders. To order, please complete this form and return it to DBSA.*

## **Brochures**

(number)

(number)

- \_\_\_\_\_ *Coping with Mood Changes Later in Life*
- \_\_\_\_\_ *DBSA Support Groups: An Important Step on the Road to Wellness*
- \_\_\_\_\_ *Dual Diagnosis and Recovery*
- \_\_\_\_\_ *Dual Diagnosis and Recovery (en Español)*
- \_\_\_\_\_ *Family and Friends's Guide to Recovery (from Family Wellness Kit)*
- \_\_\_\_\_ *Finding a Mental Health Professional*
- \_\_\_\_\_ *Finding Peace of Mind: Treatment Strategies for Depression and Bipolar Disorder*
- \_\_\_\_\_ *Getting Better Sleep: What You Need to Know*
- \_\_\_\_\_ *Getting Better Sleep: What You Need to Know (en Español)*
- \_\_\_\_\_ *Helping a Friend or Family Member with a Mood Disorder*
- \_\_\_\_\_ *Introduction to Depression and Bipolar Disorder*
- \_\_\_\_\_ *Introduction to Depression and Bipolar Disorder (en Español)*
- \_\_\_\_\_ *Is it Just a Mood...or Something Else? Information on Mood Disorders for Young People*
- \_\_\_\_\_ *Men and Depression*
- \_\_\_\_\_ **NEW!!** *Next Steps: Getting the Treatment You Need to Reach Real Recovery*
- \_\_\_\_\_ *New Technologies in the Treatment of Mood Disorders*

- \_\_\_\_\_ *Psychiatric Hospitalization: A Guide for Families*
- \_\_\_\_\_ *Psychotherapy: How it Works and How it Can Help*
- \_\_\_\_\_ *Suicide Prevention Cards (package of 25)*
- \_\_\_\_\_ *Suicide Prevention and Mood Disorders*
- \_\_\_\_\_ *The Storm In My Brain: Kids and Mood Disorders*
- \_\_\_\_\_ *Treatment Challenges: Finding Your Way to Wellness*
- \_\_\_\_\_ *Understanding Hospitalization for Mental Health*
- \_\_\_\_\_ *What You Need to Know About Dietary Supplements*
- \_\_\_\_\_ *Working Toward Wellness*
- \_\_\_\_\_ *You've Just Been Diagnosed...What Now?*
- \_\_\_\_\_ *1 Month Personal Calendar*
- \_\_\_\_\_ *6 Month Personal Calendar*

The below are available in pads of 25 brochures. Chapters are able to order 1 pad (25 brochures) for the "cost" of 10 free brochures, while the cost to the general public is \$4 per pad.

- \_\_\_\_\_ *Food and Mood*
- \_\_\_\_\_ *Kindness as a Way to Wellness*
- \_\_\_\_\_ *Myths and Facts about Depression and Bipolar Disorder*
- \_\_\_\_\_ *Saying No to Negative Thinking*
- \_\_\_\_\_ *What Helps and What Hurts*

## **Special Resources**

(number)

- \_\_\_\_\_ **Family Wellness Kit:** Includes the Working Toward Wellness workbook, Family and Friends' Guide to Recovery, the HOPE – HELP – SUPPORT magnet and crisis card. *For the first 100 kits your chapter requests, one kit will equal one brochure. After 100, each kit will cost \$1.00. This offer is valid while supplies last.*

\_\_\_\_\_ **Dark Glasses and Kaleidoscopes:** Award winning video featuring people who have bipolar disorder and doctors outlining symptoms and coping strategies. (33 min.)  
*One copy of this video is available to each chapter per year.*

\_\_\_\_\_ **TOTAL NUMBER** of brochures ordered

- 100 **FREE!** As a benefit of chapter affiliation with DBSA.

\_\_\_\_\_ Additional brochures

*If this order totals more than 100 brochures, we ask your chapter to make a contribution to DBSA to help defray printing and shipping costs. (Suggested contribution for orders over 100: \$0.25 per brochure, unless otherwise noted) For your contribution on orders over 100, please enclose a check or money order payable to DBSA or include your credit card information in the box below.*

**Shipping:** All items will be shipped via UPS ground at no cost to your chapter. If another type of shipping is requested/required, your chapter is responsible for paying this cost.

### Mailing Information

Name: \_\_\_\_\_ Date of order: \_\_\_\_\_

Chapter: \_\_\_\_\_

Mailing Address (no PO Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

*If contributing via credit card:*  American Express  Discover  MasterCard  Visa

Name on credit card: \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature: \_\_\_\_\_

*Return completed order form to:*

DBSA

ATTN: V. Dawson

730 N. Franklin St., Suite 501

Chicago, IL 60610

Fax: (312) 642-7243

*Additional forms are available within the Chapter Management section of the website at [www.DBSAlliance.org](http://www.DBSAlliance.org).*