

Proclamation Request and Format – Sample

Contact:

Myasthenia Gravis Foundation of America, Inc.

290 Turnpike Road, Suite 5-315, Westborough, MA 800.541.5454

[April/May] XX, 20XX

TO:

Board of Selectmen **OR:** Mayor or Governor

Town of: _____ City of or State of: _____

The Myasthenia Gravis Foundation of America, Inc. (MGFA) is pleased to designate June as Myasthenia Gravis Awareness Month. Myasthenia gravis (MG), is a disorder causing extreme muscle weakness that can impact a person's ability to see, walk, talk, breathe and even smile.

Please join with other municipalities in issuing a proclamation for **Myasthenia Gravis Awareness Month** in your **[town, city, or state]**. Attached is a sample proclamation that is being declared in several other communities nationwide. Thank you for your attention to this important matter.

Local contact: _____

Name: _____

Phone number: _____



Proclamation

City of _____ / Town of _____ / State of _____

WHEREAS, myasthenia gravis is a disorder causing extreme muscle weakness which can impact a person's ability to see, smile, walk, talk and breathe, and it is often misdiagnosed. It's controllable by medication and other treatments for most MG patients, and although rare, it can prove fatal; and

WHEREAS, because of its rarity (approximately 100,000 people are living with MG in the United States today), many Americans are often undiagnosed; and

WHEREAS, the Myasthenia Gravis Foundation of America, Inc. (MGFA) is a not-for-profit organization founded in 1952; and

WHEREAS, the MGFA's mission is to facilitate the timely diagnosis and optimal care of individuals affected by myasthenia gravis and to improve their lives through programs of patient services, support groups, public information, medical research, professional education, advocacy and patient care.

NOW, THEREFORE, BE IT RESOLVED that I, _____, Mayor of the City of /Chairman, Board of Selectmen of the Town of/Governor of the State of _____, do hereby proclaim June 20XX, as:

MYASTHENIA GRAVIS AWARENESS MONTH

in the City/Town/State of __ and urge all residents to join with me, during the period, in an attempt to focus attention on the need for education, treatment, research, and ultimately, a cure, for this currently incurable disease.

IN WITNESS WHEREOF, I hereunto set my hand and cause the Seal of the City of/Town of/State of _____, to be affixed this _____ day of _____ in the year of our Lord, Two Thousand XXX.

Mayor/Chairman, Board of Selectmen

