



Sample letter- be sure to personalize the letter and change the highlighted portions to fit your request.

DATE

NAME OF GOVERNMENT OFFICIAL

ADDRESS

Dear _____,

As a concerned resident of [STATE/COUNTY/Town] and a member of Dysautonomia Support Network, I am asking the (STATE/COUNTY/TOWN) to help raise awareness for Chiari Malformation and the impact it has on the lives of those affected by this condition through issuing a Proclamation declaring September to be Chiari Malformation Awareness Month in the State of (STATE/COUNTY/TOWN).

Chiari Malformation is a congenital or acquired condition affecting the size and/or shape of the base of the skull. This causes pressure changes in the skull and pushes the cerebellar tonsils through the opening at the base of the skull. The herniation of these small parts of the brain can cause disruption in the flow of cerebrospinal fluid (CSF) and in turn, cause symptoms that range from mild to disabling. Some of the most common symptoms include: severe head and neck pain, vertigo, muscle weakness, balance problems, blurred or double vision, difficulty swallowing, and sleep apnea.

Experts estimate that approximately one in every 1,000 infants is born with Chiari Malformation. Recent increases in the use of imaging suggest the prevalence may be greater. Although there is no cure for Chiari Malformation, increased public and physician awareness and research offer hope for greater understanding, faster diagnosis, and improved quality of life and medical care for patients with Chiari Malformation and their families.

[If desired, insert your story here in a short paragraph. Less is more, so keep it simple. This is optional.]



I have attached a sample proclamation along with a Top 10 Facts Sheet on Chiari Malformation. The proclamation was drafted by Dysautonomia Support Network, a 501(c)(3) nonprofit organization that is committed to empowering, educating, and advocating for those affected by dysautonomia and its related conditions. More information about the organization can be found online at www.dysautonomiasupport.org.

Please let me know if your office is able to help us raise awareness of Chiari Malformation by issuing the attached proclamation declaring September to be Chiari Malformation Awareness Month in **[STATE/COUNTY/TOWN]**. If possible, we would like to have you present the proclamation publicly. If there is any other information you need or if you have any questions, please feel free to contact me at **[YOUR PHONE NUMBER]**.

Respectfully,

[YOUR NAME]