



legacy

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A lifetime of diabetes inspires **COMMITMENT TO A CURE**

Philip Hall remembers his first year in college – vividly.

That was the year he got type 1 diabetes. He'd started losing weight rapidly and was constantly thirsty. Fortunately his mother, a nurse, recognized the symptoms and had him tested. From then on, he had to give himself insulin shots using the same stainless steel needle over and over again and boil the glass syringes every day because there were no disposable syringes in 1960.

"Initially I had to test my urine sugar using a copper sulfate method where you put a few drops of urine in a test tube and it boiled up with caustic soda and copper and gave a color change if there was any sugar present," explained Philip, who taught chemistry at the University of Wisconsin for 35 years before retiring.

The contrast between then and now couldn't be more different. Today a continuous glucose monitor enables Philip to detect changes in his blood sugar as soon as they occur, and his insulin pump allows him to

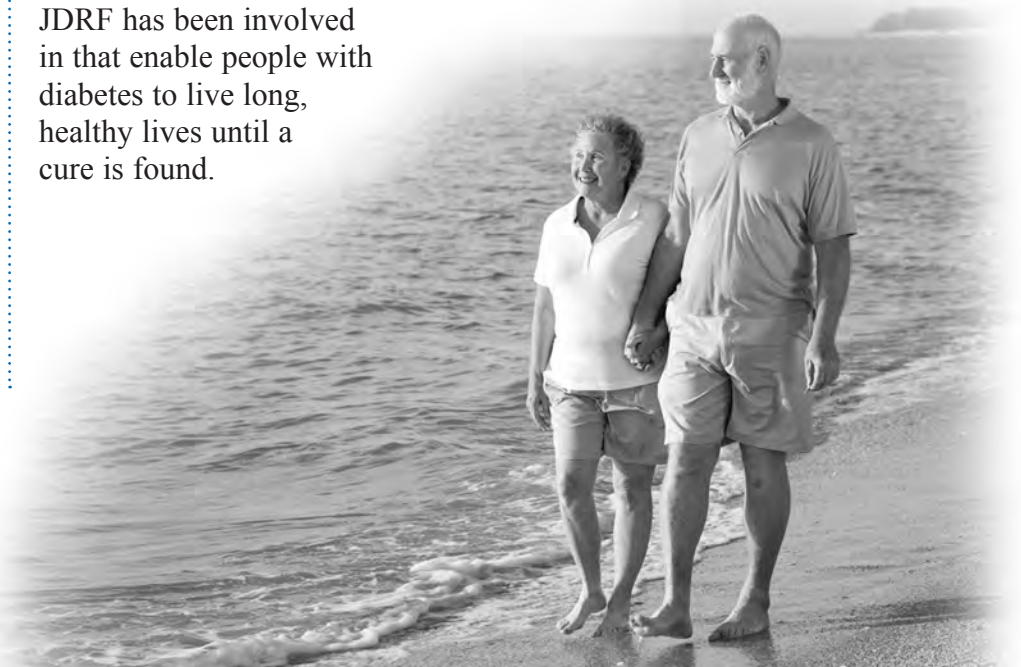
make adjustments immediately so he can maintain tight blood-sugar control. He's also keenly interested in the development of an artificial pancreas, which would improve blood-sugar control still further and help prevent complications.

Much of this progress has been due to the relentless efforts of the Juvenile Diabetes Research Foundation (JDRF). The glucose monitor and insulin pump that help Philip manage his blood sugar are just two of the many advances JDRF has been involved in that enable people with diabetes to live long, healthy lives until a cure is found.

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This progress is what inspired him to set up a charitable gift annuity with JDRF. "I've been very impressed with the research aspect of JDRF," said Philip, who, with his wife, Ann, has been a staunch supporter for more than 20 years. "A very high percentage of donated money goes directly toward research and that's what I wish to support." The charitable gift annuity provides him and his wife with a guaranteed income while supporting critical advances in diabetes research.

JDRF thanks Philip and Ann Hall for their extraordinary generosity.



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our website at www.planwithjdrf.org to learn about other giving options that may meet your goals.

CONTACT

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National Director of
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at **877-533-4483** or
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If you're looking for a way to support JDRF's vital research that also provides you with an income, a charitable gift annuity may be right for you.

In a charitable gift annuity, you make an irrevocable donation to JDRF in exchange for guaranteed fixed payments for life. You can set it up to provide income for one or two people's lifetimes, such as yourself and your spouse, and you

may also enjoy tax benefits. The part of your gift that remains after your lifetime helps JDRF continue the search for a cure.

The chart below gives you an example of rates and annual payments. To receive your free gift annuity guide, simply return the enclosed reply card in the envelope provided. The minimum age to establish a JDRF gift annuity is 60.

SAMPLE SINGLE-LIFE GIFT ANNUITY RATES*

Age	Rate	Annual Payment for \$10,000 Gift Annuity
65	5.3%	\$530
70	5.8%	\$580
75	6.5%	\$650
80	7.5%	\$750
85	8.4%	\$840
90+	9.8%	\$980

* Based on current American Council on Gift Annuities rates, effective as of July 1, 2011. Rates are revised periodically.



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Speeding Development of Faster-Acting Insulins



JDRF has launched a research program to create faster-acting types of insulin. This is an important step on the road to developing an artificial pancreas, which will automatically control blood sugar and reduce the risk for diabetic complications like blindness, heart attack, and stroke.

“A key to making an artificial pancreas system significantly better than current methods to manage diabetes is to mirror as much as possible how the human pancreas works,” said Dr. Sanjoy Dutta, Director of JDRF’s Insulin Initiative. Faster-acting insulins would help accomplish that.

Right now, even the most rapid-acting types of insulin take more than 30 minutes to reach the bloodstream and 90 minutes



to reach peak effectiveness. By contrast, in people without type 1 diabetes, insulin is released from the pancreas as soon as the body senses blood sugar and acts almost immediately.

One solution to this problem is to improve how insulin is delivered. Instead of injecting it under the skin, as is currently done, one JDRF-funded scientist is testing an inhalable form that reaches peak functioning quickly. Another group is developing a system to deliver insulin directly to the liver, the main site of insulin activity. Yet another team is working on reformulating the molecule to speed up insulin action.

Faster-acting insulins will help hasten the day when an artificial pancreas becomes commercially available. Even if people choose not to use an artificial pancreas, these insulins will still help them maintain tighter blood-sugar control, reducing the threat of debilitating complications.

Diabetic Retinopathy



Q: What is diabetic retinopathy?

A: Diabetic retinopathy is the most common diabetic eye disease and a leading cause of blindness in American adults. Over time, it destroys the small blood vessels in the retina, damaging vision. About 40 to 45 percent of Americans diagnosed with diabetes have diabetic retinopathy, according to the National Eye Institute.

Q: What are the stages?

A: In stages 1 through 3, the walls of the retina weaken and may leak fluid or blood into nearby tissue. In stage 4, the advanced phase known as proliferative retinopathy, more blood vessels are blocked and fragile new blood vessels develop. These can leak into the retina, causing spots, floaters, flashes, blurred vision, and ultimately permanent blindness.

Q: What are the symptoms?

A: In the early stages, there may be no symptoms, unless you have macular edema, where fluid collects in the macula (the center of the retina) and causes blurry vision. That's why it's vital to have a comprehensive dilated eye exam at least once a year from a doctor familiar with diabetic vision problems. In more advanced stages, when there is bleeding into the eye, you may see a few specks of blood, or spots, floating in your vision. If that happens, you should see an eye doctor as soon as possible.

Q: What are the treatment options?

A: In stages 1 through 3, treatment is usually only done if you have macular edema, in which case focal laser therapy is used. In stage 4, "scatter" laser treatment can shrink the abnormal blood vessels, saving your sight but also reducing your peripheral and night vision. When bleeding is severe, a vitrectomy can remove blood from the center of the eye. Currently, the drug Lucentis is approved for treatment of wet age-related macular edema, and studies of its effect on diabetic retinopathy show that it may reduce edema and even improve vision.

Q: Is there a cure?

A: Although your vision may improve with treatment, there is currently no cure for diabetic retinopathy. Your eyes will need ongoing monitoring and you may need repeat treatment. But with good medical care, and by controlling your glucose, cholesterol, and blood-pressure levels, you may preserve much of your vision.

CHARITABLE IRA ROLLOVER

Tax-saving opportunity ends 12/31/11



If you're 70-1/2 or older, you can transfer up to \$100,000 from your IRA directly to qualified charities like JDRF without having to pay any federal income taxes on sums withdrawn. It's a great way to support JDRF while helping yourself. Contact us to learn more about implementing your gift.



dedicated to finding a cure

To learn more about ways to support JDRF, please contact:

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