Société Alzheimer Society

NEW BRUNSWICK / NOUVEAU-BRUNSWICK

Thank you for supporting the Alzheimer Society of New Brunswick

To contribute today, please complete the form below and fax it to **506-452-0313** or mail it to the address below. If you have any questions, please call us at **1-800-664-8411**.

I am enclosing a one-time donation of: $_____

Name: _____

Address: _____

_____

_____

Tel No.: _____

E-mail: _____

☐ Cheque or money order payable to "Alzheimer Society of New Brunswick"

☐ Please charge the above amount to my credit card (please complete credit card information below)

☐ Please send my tax receipt by e-mail

Credit Card Details: ☐ Visa ☐ Mastercard

Name on Credit Card: _____

Credit Card Number: _____

Expiry Date: _____

Signature: _____

Type of Donation:

☐ General

☐ In Memory

☐ In Honour

Name of Deceased or Honouree:

Name & Address of family for notification card:

Message for the notification card:

Yes, I want to become a monthly donor and help make history!

I understand the amount below will be deducted monthly until I state otherwise.

I want to give a monthly gift of $_____

Please begin deducting on the ☐ 1st or ☐ 15th of every month

Please check payment method:

☐ A cheque marked "VOID" is enclosed

☐ Bill the credit card indicated above for my monthly donation

I may revoke my authorization at any time, subject to providing notice to the Alzheimer Society allowing 30 days for processing. To obtain a sample cancellation form or more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca.

Alzheimer Society of New Brunswick
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