Alzheimer *Society*
PEEL

60 Briarwood Ave. Mississauga, ON L5G 3N6 905-278-3667
www.alzheimerpeel.com

As a friend of Alzheimer Society Peel, I want to:

MAKE A DONATION :

☐ *I want to make a single donation in the amount of* ____ *$100* ____*$50* ____ *$ 35* ___ *$25* *or, other Amount (please specify)* $_____

(Please make cheques payable to Alzheimer Society Peel)

☐ *I wouul prefer to make a monthly donation of:* ____ *$40* ____*$30* ____ *$ 20* ____ *$10* *or, other Amount (please specify)* $_____

(To make a monthly donation, please visit our website at www.alzheimerpeel.com and make your donation online.
To make a donation by credit card, please call Alzheimer Society Peel at 905.278.3667. We accept Visa, Mastercard or AMEX.)

NAME: _____

ADDRESS: _____

*CITY:*_____ *PROV:*_____ _____ *POSTAL CODE:* _____

TELEPHONE: _____ *EMAIL:*_____

(A receipt for tax purposes will be issued automatically for donations of $20 or more)