

Soci t  Alzheimer Society

Thank you for supporting the Alzheimer Society of Canada

To contribute today, please complete the form below and fax it to 416-322-6656 or mail it to the address below.
If you have any questions, please call us at 1-800-616-8816.

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

Send me a tax receipt for my donation of under \$15.00

Name: _____

Address: _____

Telephone No.: _____

E-mail: _____

Cheque or money order payable to
"Alzheimer Society of Canada"

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 AMEX

Type of Donation:

Name on Credit Card: _____

General Donation

Card Number: _____

In Memory

Expiry Date: _____

In Honour

Signature: _____

Name of Deceased or Honouree:

Message for the notification card:

Name & Address of family for the notification card:

I want to support with a monthly donation to the Forget-Me-Not program.

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.

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