Alzheimer Society
ALBERTA AND NORTHWEST TERRITORIES

DONATION FORM

Donor Name:

_____

Mailing Address:

_____

_____

Email:

_____

Phone Number:

_____

Is donation in memory of someone:
☐ Yes ☐ No

Memorial Name:

_____

Person you would like to be notified of the donation (Next of Kin):

_____

Next of Kin Email and/or Mailing Address:
*This information is required for us to send notification to the next of kin.

_____

_____

Amount of Donation: $ _____ **Cheque #:** _____

For your security, please do not send your credit card information by mail. Please call our office at 1-866-950-5465 to make a gift by credit card.

Mail completed form and cheque to:
Alzheimer Society of Alberta and Northwest Territories
Suite 306, 10430 61 Avenue NW
Edmonton, AB T6H 2J3
Charitable Registration Number: 12969-0343 RR0001