

Alzheimer Society

L A N A R K L E E D S G R E N V I L L E

Monthly Giving Form

Please complete and return this form to:
Alzheimer Society Lanark Leeds Grenville
Perth Site: 115 Christie Lake Rd. Perth, ON K7H 3C6
Fax: 613-345-3186
Email: bwhite@alzllg.ca

1. Personal Information (please print clearly)

Name: _____
Address: _____
City: _____ Postal Code: _____ Province: _____
Telephone: (h) _____ (c) _____
Email: _____

2. Credit Card Information

Please charge my credit card: \$ _____ monthly

Start Date: ___/___/___ End Date: ___/___/___
 D M Y D M Y

I wish to make my pledge indefinitely (or until cancelled in writing)

Card Type: _____
Card Number: _____
Expiry Date: _____
CVV: _____

This donation is being made on behalf of: An Individual A Business

****Please Note your charge date is the 15th of each month**

3. Pre-Authorized Charge Details

You, the Donor, authorize the Alzheimer Society Lanark Leeds Grenville, to debit the credit card identified above in the amount indicated for the Monthly Giving Campaign. You will receive a tax receipt for the full amount in January of each year.

I may revoke my authorization at any time, subject to providing 10 business days' notice, in writing. 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

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

Signature: _____ Date: _____

Telephone: 613-345-7392 or 1-866-576-8556

Email: bwhite@alzllg.ca

Charitable Registration Number 13256 3057 RR0001