

# Soci t  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:**

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**Message for the notification card:**

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**Name & Address of family for notification card:**

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## 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  1<sup>st</sup> or  15<sup>th</sup> 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](http://www.cdnpay.ca).

Alzheimer Society of New Brunswick  
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