

Alzheimer Society

SIMCOE COUNTY

Please Print

Complete this form and mail or fax to:

Alzheimer Society of Simcoe County

P.O. Box 1414, Barrie, ON L4M 5R4

Fax: 705-722-9392

DONATION TYPE

- General
- In memory of _____
- In honour of:
 - Birthday
 - Wedding Anniversary
 - Retirement
 - Other _____

DONOR INFORMATION

Please send income tax receipt to:

Mr. Mrs. Ms. Dr. Other

First Name: _____ Last Name: _____

Address: _____ Suite/Apt: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____

ACKNOWLEDGEMENT CARD RECIPIENT DETAILS

No card required **OR** Please send acknowledgement card to:

First Name: _____ Last Name: _____

Address: _____ Suite/Apt: _____

City: _____ Province: _____ Postal Code: _____

Message: _____

Card Signed from: _____

PAYMENT DETAILS:

Cheque (*please make payable to Alzheimer Society of Simcoe County*)

VISA Mastercard Amex

Card Number: _____

Expiry Date: _____ Amount: \$ _____

Signature: _____ Date: _____

Charitable Registration Number 11921 2116 RR0001