

ENROLLMENT FORM

Partners *in* Giving

Yes, I accept the invitation to be a partner, to create a world without Alzheimer's disease or related dementias.

To make an ongoing difference, I'd like my **monthly** gift to be:

- \$10 \$15 \$20 \$25
 \$35 \$50 \$100 Other \$ _____

Today's date: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____

E-mail: _____

I will receive a tax receipt for the total amount of my monthly gifts on an annual basis, issued after the end of the calendar year. I understand that donations will continue monthly until I notify the Alzheimer Society of B.C. of any changes. I may change or cancel this agreement at any time by contacting the ASBC or by downloading and completing the [Change of Information](#) form and sending it to the Provincial Office address noted above. (*Changes must be received before the 25th of the month to take effect for the next month.*)

**A letter confirming your membership in
Partners in Giving will be mailed to you.**

An added note from us to you...

It is our practice to acknowledge and honour our *Partners in Giving* by publishing a list of the membership in our Annual Report. If you do not wish to be acknowledged in our Annual Report, please sign below:

Signature: _____

Join the Alzheimer Society of B.C. Partners In Giving program – you benefit with a tax receipt at the end of the year, and we benefit by knowing we are receiving a steady and ongoing donation that supports our many programs and services.

OPTION 1 – MONTHLY WITHDRAWAL

I authorize the Alzheimer Society of B.C. to automatically withdraw the amount indicated from my bank account. (*Please provide void cheque.*)

- on the 1st, or
 on the 15th of each month.

Signature: _____

OPTION 2 – CREDIT CARD WITHDRAWAL

I want to charge the amount indicated to my credit card.

- VISA MasterCard American Express

Card #: _____

Expiry (mm/yyyy): _____

Signature: _____

**Please print this form, complete the
information, and mail or fax to:**

Alzheimer Society of B.C.
Provincial Office
#300 – 828 West 8th Avenue
Vancouver, B.C. V5Z 1E2
Fax: 604-669-6907

**If you have any questions, please call us:
604-681-6530 or 1-800-667-3742**

The Alzheimer Society of B.C. (ASBC) is committed to protecting your privacy and personal information. The information you provide will be used to issue a tax receipt and may be used to keep you informed of ASBC activities including programs, services, special events, funding needs, and opportunities to volunteer or to give. If at any time you wish to be removed from any of these contacts, please let us know by calling 604-681-6530, toll-free 1-800-667-3742 or e-mail info@alzheimercbc.org.