**Thank you for supporting the Alzheimer Society of Sault Ste. Marie and Algoma District**

To contribute today, please complete the form below and fax it to 705-256-6777.

If you have any questions, please call us at 705-942-2195.

I am enclosing a one-time donation of $ Click here to enter text.

|  |  |
| --- | --- |
| **Name:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. |

|  |  |
| --- | --- |
|  | Cheque or money order payable to the Alzheimer Society of Sault Ste. Marie |
|  | Please charge the above amount to my credit card (complete information below) |

**Credit Card Details:**  Visa  Mastercard **Type of Donation:**

|  |  |
| --- | --- |
| Name on card: | Click here to enter text. |
| Card number: | Click here to enter text. |
| Expiry date: | Click here to enter text. |
| Signature: |  |

|  |  |
| --- | --- |
|  | General donation |
|  | In memory |
|  | In honour |
|  | Membership |

|  |
| --- |
| **Name of Deceased or Honouree:** |
| Click here to enter text. |

|  |  |
| --- | --- |
| **Name/address of family to receive notification card:** | |
| Name: | Click here to enter text. |
| Address: | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. |

**I want to support the Society with a monthly donation**

I would like to give a monthly gift of $ Click here to enter text.

Please begin deducting on the  1st or  15th of every month.

Please check payment method:

12 post dated cheques are enclosed

Bill the credit card indicated above for my monthly donation

I understand the amount below will be deducted monthly until I state otherwise. I may revoke my authorization at any time, subject to providing notice to the Alzheimer Society, allowing 30 days for processing.

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Signature Date