

# Alzheimer Society

SIMCOE COUNTY

*Please Print*

*Complete this form and mail or fax to:*

## Alzheimer Society of Simcoe County

**Orillia Office Site:**

P.O. Box 486, Orillia, ON L3V 6K2

or

**Barrie Office Site:**

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

**Fax:** 705-329-2378

**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: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business 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                       Diners Club/Enroute

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Charitable Registration Number 11921 2116 RR0001**