

## MONTHLY DONATION

If you wish to make a donation to the Quebec Federation of Alzheimer Societies, please fill out this form, print it and post it to:

**211-5165 Sherbrooke West, Montreal (Quebec), H4A 1T6.**

### Information about the donor

Firstname : \_\_\_\_\_ Surname : \_\_\_\_\_

Address : \_\_\_\_\_ City : \_\_\_\_\_

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

☎ : \_\_\_\_\_ ✉ : \_\_\_\_\_

### Donation

I would like to schedule a monthly donation to the Quebec Federation of Alzheimer Societies of :

25 \$     50 \$     100 \$     200 \$    Other amount: \_\_\_\_\_

Your monthly donation will be automatically withdrawn on the 1st of each month from:

Your bank account, starting on: \_\_\_\_/\_\_\_\_ (MM/AAAA)

Please include a cheque specimen marked with VOID or fill out the following information:

Bank : \_\_\_\_\_ Branch number : \_\_\_\_\_

Account number : \_\_\_\_\_

Your credit card, starting on : \_\_\_\_/\_\_\_\_ (MM/AAAA)

Credit card :  **VISA**



Credit card number : \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_ (MM/AAAA)

*Thank you*