

PLEASE RETURN THIS FORM WITH YOUR DONATION

Donors of \$1,000 or more will appear under the «Honorable Donor» category in our annual report

Yes! I would like to donate Name: _____
Address: _____
Telephone: _____
Email: _____

DONATIONS : By donating to the Alzheimer Society Suroît, you help us to offer services aimed at improving the day to day life of individuals and families living with a neurocognitive disorder. The philosophy of the Alzheimer Society is based on **a person centered approach** which valorizes the strengths, the tastes, the preferences and the values of people with Alzheimer's disease or other forms of dementia while supporting their caregivers and promoting the importance of well-being for the entire family unit.

I WISH TO MAKE A DONATION IN THE AMOUNT OF:

25\$ Approach shot Donation • Don Coup d'approche

50\$ Birdie Donation • Don Oiselet

100\$ Eagle Donation • Don Aigle

150\$ Double Eagle Donation • Don Albatros

250\$ Hole in one Donation • Don Trou d'un coup

Other amount: \$ _____

I have enclosed a cheque payable to ALZHEIMER SOCIETY SUROÏT

Please charge my credit card: MC VISA

Credit card number: _____

Expiry date: _____

Card holder name: _____

Signature: _____

The allotted income tax receipt will be issued



Alzheimer Society Suroît • Charitable registration number: 89318 8599 RR0001

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