

Société Alzheimer Society

SUROÏT



Please complete the following form, then mail to:

Société Alzheimer du Suroît
340, boul. Du Havre, suite 101
Salaberry-de-Valleyfield. QC J6S 1S6

Yes! I would like to make a donation

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 living of individuals and families touched by the disease.

I WISH TO MAKE A DONATION IN THE AMOUNT OF:

- 10\$** Offer a donation of **support**
- 20\$** Offer a donation of **a feeling of belonging**
- 50\$** Offer a donation of **friendship**
- 100\$** Offer a donation of **courage**
- 250\$** Offer a donation of **hope**
- Other amount: \$** _____



This gift is **In memory of** _____

In celebration of _____

Name and address of family to advise:

Name: _____

Address: _____

MEMBERSHIP:

Please check this box if you wish to become a member of the Alzheimer Society for one year

(Individual member: Minimum yearly donation of 10\$ • Familial member: Minimum yearly donation of 25\$)

PAYMENT OPTIONS:

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

info@alzheimersuroit.com
www.alzheimersuroit.com

Numéro de charité / Charitable registration :
89318 8599 RR0001



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SALABERRY-DE-VALLEYFIELD (QUÉBEC) J6S 1S6
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TÉLÉC. / FAX : 450-373-0388