Société Alzheimer Society

Thank you for supporting the Alzheimer Society of Canada

To contribute today, please complete the form below and fax it to 416-322-6656.
If you have any questions, please call us at 1-800-616-8816.

I am enclosing a one-time donation of: $_____

☐ Send me a tax receipt for my donation of under $15.00

Name: _____
Address: _____
_____
_____

☐ Cheque or money order payable to the Alzheimer Society of Canada
☐ Please charge the above amount to my credit card (please complete credit card information below)

Credit Card Details ☐ Visa ☐ Mastercard ☐ AMEX

Name on Credit Card: _____
Card Number: _____
Expiry Date: _____
Signature: _____

Type of Donation:

☐ General Donation
☐ In Memory
☐ In Honour

Name of Deceased or Honouree:

Name & Address of family for the notification card:

Message for the notification card:

I want to support with a monthly donation to the Forget-Me-Not program.

I understand the amount below will be deducted monthly until I state otherwise.

I want to give a monthly gift of $_____

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

Please check payment method:
☐ A cheque marked "VOID" is enclosed.
☐ Bill the credit card indicated above for my monthly donation.

I may revoke my authorization at any time, subject to providing notice to the Alzheimer Society allowing 30 days for processing. To obtain a sample cancellation form or more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

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