



Alzheimer Society

NEWFOUNDLAND & LABRADOR

835 Topsail Road, Unit 107, Mount Pearl, NL A1N 3J6

Phone: (709) 576-0608 | Fax: (709) 576-0798 | Email: alzheimersociety@nf.aibn.com



Forget Me Not Partners

Monthly Giving Program

What is Forget Me Not Partners?

Forget Me Not Partners allows you to make easy, secure and convenient monthly donations.

Your donation ensures Help for Today by providing programs, services and support to people and families affected by dementia and Hope for Tomorrow by funding research into a cause, cure and improving the quality of life for those affected by dementia.

What Your Partnership Will Support?

Your monthly gift helps us deliver critical information, support, education, programs and services to the over 8,666 people in Newfoundland and Labrador affected by Alzheimer's disease and related dementias as well as their family and caregivers.

Your donation will:

- Help offer group, telephone and individual support for people living with dementia and their caregivers.
- Ensure we continue to fund research.
- Provide learning opportunities to people with dementia, their family and caregivers.
- Allow us to advocate for dementia to be a healthcare priority in our province and country.
- Increase our community's awareness of the risk factors associated with Alzheimer's disease and related dementias and ways to lower risk.

Why a Monthly Gift?

A monthly gift ensures sustainability because it's a predictable source of income that we can depend on every month. It helps us plan long-term projects, is cost effective, environmentally friendly and reduces our administrative costs.

Ways to Give

We have monthly giving options that fit all needs:

- Fill out the form on the back, send it to us and we'll set up a credit card withdrawal.
- Set up your donation safely and securely online by visiting www.thewebhosters.net/do2.php
- Call us toll-free at 1-877-776-0608 to set up a monthly withdrawal from your credit card.



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FORGET ME NOT PARTNERS PROGRAM DONATION FORM

CONTRIBUTOR INFORMATION

Mr. / Miss / Ms. / Mrs. / Dr. / Other: _____ (circle one)

Last Name: _____ First Name: _____

Street Address: _____

City: _____ Prov.: _____ Postal Code: _____

Telephone Home (_____) _____ Work: (_____) _____

Email: _____

CONTRIBUTION

Monthly donation of \$20 \$30 \$50 or Other: \$ _____

METHOD OF PAYMENT

Bill my credit card:

Card type: Visa / MasterCard (circle one)

Account number: _____ Expiration date: _____

Validation code (back of card): _____

Contact me

RECOGNITION

Annual contributions of \$500 or more will be recognized in our annual report and annual contributions of \$1,000 or more will be recognized on our website.

I would like my donation amount recognized, but my name anonymous.

I would not like to be recognized at all.

TERMS OF AGREEMENT

I will receive a tax receipt for the total amount of my monthly gifts on an annual basis, issued after the end of the calendar year. I understand that donations will continue monthly until I notify the Alzheimer Society of Newfoundland and Labrador of any changes. I may change or cancel this agreement at any time by contacting the Alzheimer Society of Newfoundland and Labrador.

Terms of Use and Privacy Policy: Thank you for supporting the Alzheimer Society of Newfoundland and Labrador. The Society depends on donors and volunteers to fulfill its mission and adheres to all legislative requirements to protect the privacy of our supporter's personal information. The information you provide is used only to issue tax receipts and to keep you informed on the activities of the Society, including programs, services, special events, and opportunities to volunteer or to give. If at any time you wish to have your name removed from our contact list, please phone us at 1-877-776-0608 or email alzheimersociety@nf.aibn.com and we will gladly accommodate your request. Charitable Registration Number 13207 1374 RR0001