

TYPE OF DONATION

SINGLE DONATION for the amount of \$ _____

MONTHLY DONATION for the amount of \$ _____

Your **credit card** will be billed monthly for the amount shown.
Direct debit also available - call 416-322-6560 for details.

IN MEMORIAM for the amount of \$ _____

In memory of: _____
name

IN HONOUR for the amount of \$ _____

In honour of: _____
name

On the occasion of: _____
event

METHOD OF PAYMENT AVAILABLE

Cheque Please make cheque payable to the **Alzheimer Society of Toronto**
(Do not send cash in the mail)

Credit Card (Required for monthly donations)

Visa MasterCard American Express

Name on card: _____ Card Number: _____

Signature: _____ Expiry Date: _____

SEND RECEIPT TO

Name: _____

Address: _____

City/Province: _____ Postal Code: _____

Phone Number: _____ (work) _____ (home)

SEND NOTIFICATION OF DONATION TO (if applicable)

Name: _____

Address: _____

City/Province: _____ Postal Code: _____

SEND THIS FORM TO

Alzheimer Society of Toronto
20 Eglinton Avenue West, 16th Floor
Toronto, ON M4R 1K8
Tel: 416-322-6560
Fax: 416-322-6656
Email: write@alzheimerontario.org

THANK YOU FOR YOUR SUPPORT!
Charitable Business Number: 10670 5262 RR0001