



ALS SOCIETY OF BC DONATION FORM

| | | |
|--|---|--|
| This donation is made on behalf of: <input type="checkbox"/> Individual <input type="checkbox"/> Company | | |
| Name of Donor: (Dr./Mr./Mrs./Ms./Mr. & Mrs.) | | |
| Tax Receipt Issued to: | | |
| Mailing Address: | | |
| Telephone Number | Fax Number | E-mail |
| <input type="checkbox"/> In Memory <input type="checkbox"/> In Honour <input type="checkbox"/> General Donation Direct this donation to | | |
| In Memory or In Honour of | | |
| Send Card to | Mailing Address | |
| Write your special message to go with the card: | | |
| Amount of Donation: | | |
| Choose one of the two options to make your donation: | | |
| <input type="checkbox"/> 1. Cheque Please make cheque payable to ALS Society of BC | | |
| <input type="checkbox"/> 2. Credit Card For Payment: (Check One) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express | | Name on the Credit Card: |
| Credit Card Number | Expiration Date | Security Code # (3 digit for Visa & MasterCard at the back of the card & 4 digit in-front of the card of Amex) |
| I would like more information on the following: | | |
| <input type="checkbox"/> Patient Services Program of the Society <input type="checkbox"/> Volunteer Program of the Society <input type="checkbox"/> Fundraising Events of the Society <input type="checkbox"/> Becoming Member of the Society <input type="checkbox"/> Making a gift (Stock Donation, Life Insurance, Gifts of Annuities, etc.) <input type="checkbox"/> Making a gift through my will <input type="checkbox"/> Monthly Giving Program of the Society | | |
| Return this form | By Mail: ALS Society of BC 1233 13351 Commerce Parkway Richmond, BC V6V 2X7 | |
| By Fax: 604-278-4257 | By E-mail: info@alsbc.ca | Telephone Inquiry: 1-800-708-3228 ext. 225 |