

ALS SOCIETY OF BC DONATION FORM

This donation is made on beha	alf of: Ir	ndividual	Com	pany		
Name of Donor:						
Tax Receipt Issued to:						
Mailing Address:						
Telephone Number	Fax Number			E-mail	E-mail	
In Memory In H	onour	Ger	neral Donatio	on Direct this don	ation to	
In Memory or In Honour of						
Send Card to			Mailing Ad	dress		
Write your special message to go with the card:						
Amount of Donation:						
Choose one of the two optic	ons to make	your do	onation:			
1. Cheque Please make che	que payable to	ALS Socie	ty of BC			
2. Credit Card For Payment:	(Check One)	Visa	MasterCard	American Express	Name on the Credit Card:	
Billing Address (if different from	m mailing ad	dress):			l	
Credit Card Number Expirat		Expiratio	on Date		curity Code # (3 digit for Visa & MasterCard at the back of the card digit in-front of the card of Amex)	
I would like more informatio	on on the fol	lowing:				
Patient Services Program of the Society Volunteer Program of the Society						
Fundraising Events of the Society			Becoming Member of the Society			
Making a gift (Stock Donation,	Life Insurance,	Gifts of Ar	nnuities, etc.)			
Making a gift through my will			Monthly Givi	ng 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				
by I dr. 004-270-4207		. <u>u</u>	<u>, aisoc.ca</u>	i elephone inquily.	1-000-100-0220 GAL 220	