

Name: _____ Address: _____

Phone: _____ Email: _____

Please **CLEARLY PRINT** the name and address of each donor.

Secure **credit card** donations can be made at http://on.alz.to/ASSMA_A4A
or by calling **1-800-879-4226**. The security of your information is important to us.



Donor name:		Donation amount*		
Address:		Cash	Cheque [†]	
Town / city:	Postal code:	\$	\$	
Phone:	Email:			
Donor name:		Donation amount*		
Address:		Cash	Cheque [†]	
Town / city:	Postal code:	\$	\$	
Phone:	Email:			
Donor name:		Donation amount*		
Address:		Cash	Cheque [†]	
Town / city:	Postal code:	\$	\$	
Phone:	Email:			
Donor name:		Donation amount*		
Address:		Cash	Cheque [†]	
Town / city:	Postal code:	\$	\$	
Phone:	Email:			
Donor name:		Donation amount*		
Address:		Cash	Cheque [†]	
Town / city:	Postal code:	\$	\$	
Phone:	Email:			
Donor name:		Donation amount*		
Address:		Cash	Cheque [†]	
Town / city:	Postal code:	\$	\$	
Phone:	Email:			
Need more donation forms? Contact:				
*Donations of \$15 or more will automatically receive an official tax receipt via mail.		\$	\$	TOTAL
[†] Please make cheques payable to the Alzheimer Society If mailed, do not mail cash. Instead include a personal cheque to cover monies donated. If handed in, all pledge money and cheques must accompany this form.				