

## MONTHLY DEBIT DONATION FORM

Please return this form and a void cheque to:

Alzheimer Society of Toronto  
1600-20 Eglinton Ave West  
Toronto, ON M4R 1K8  
Attn: Yvonne Siegel, Fund Development

Date: \_\_\_\_\_

### Donor Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

For annual gifts of \$1000.00 or more:

Do you wish to be recognized? \_\_\_\_\_ Recognition Name: \_\_\_\_\_

### Financial Information

Gift Amount per Month: \_\_\_\_\_

Institution ID: \_\_\_\_\_

Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Thank you for supporting the Alzheimer Society of Toronto**

**For more information contact Yvonne Siegel [ysiegel@alz.to](mailto:ysiegel@alz.to)**