

## Pledge Form

[www.alz.to](http://www.alz.to)

\* - Required

* First Name	* Last Name	* Event Name
* Address, City & Postal Code:		* Telephone:
Email:	* Event Date & Time:	

Please make cheques payable to: Alzheimer Society of Toronto.  
 (\$20.00 donations or more, will automatically be sent a tax receipt.)

DO NOT RECORD  
 ONLINE PLEDGES  
 ON THIS FORM

* Sponsor's Name (please print)	* Address	* City	* Postal Code	Email	* Telephone	* Receipt?	* Amount (\$)
Sam Sampleton	123 Sample Street	Sampleville	A1B 2C3	s.sample@email.com	416-123-4567	Yes	\$20
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10.							

Email: [write@alz.to](mailto:write@alz.to)  
 Website: [alz.to](http://alz.to)

Head Office: 20 Eglinton Avenue West, Floor 16, Toronto, ON M4R 1K8  
 Telephone: 416-322-6560

Charitable Registration Number:  
 10670 5262 RR0001

Total \$  
 Collected

Thank you for your generous support!