

This form will ensure that our records are accurate and that we can thank you and/or your organization for their support.

**PLEASE RETURN FORM TO US BY EMAIL OR BY MAIL**

Name: \_\_\_\_\_ Organization (if applicable): \_\_\_\_\_

Date of your event: \_\_\_\_\_ Total funds raised: \$ \_\_\_\_\_

Please choose one of the three options for returning the funds to us:

**DIRECT DEPOSIT** – *Deposit cash at any TD Branch*

1. Ask to deposit the funds into the Alzheimer Society of Toronto's TD Canada Trust bank account  
Branch #: 1928  
Acct. #: 0333284
2. Ask Teller to stamp this sheet with the date and amount of your deposit

TELLER STAMP HERE

**CHEQUE** – *Payable to the Alzheimer Society of Toronto*  
Send in cheque payable to Alzheimer Society of Toronto

**SPECIAL REQUESTS** – *Pick up or drop off*  
Please contact Holly at 416-640-6315 to make arrangements.

Please return completed form by mail to:

Attn: Holly Groeneveld  
Alzheimer Society of Toronto  
20 Eglinton Avenue West, 16th Floor  
Toronto, ON M4R 1K8  
Or  
Scan and email to Holly Groeneveld at [hgroeneveld@alz.to](mailto:hgroeneveld@alz.to)