

PLEASE PRINT THIS FORM – THEN MAIL WITH YOUR CHEQUE TO

# Alzheimer Society

I am enclosing a one-time donation of:

\$35     \$50     \$100     \$250     Other: \_\_\_\_\_

Mr.     Mrs.     Ms     Dr     Other: \_\_\_\_\_




First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal code/ZIP: \_\_\_\_\_

Country: \_\_\_\_\_ Home telephone: \_\_\_\_\_

- Cheque or money order payable to: Alzheimer Society  
 Please charge the above amount to my credit card. (please complete credit card information below)

Credit Card information:  Visa   MasterCard   American Express 

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Type of Donation  In Honour

Gift in honour of: PAMELA TABAK  
(name of individual)

FOR

Send acknowledgement card to:

First name: PAMELA Last name: TABAK

Address: 3555 DON MILLS ROAD Suite: 18 - 1725

City: TORONTO Prov/State: ONT Postal code/ZIP: M2H 3N3

How would you like the card to be signed? \_\_\_\_\_  
(name or names)

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

Please mail form with your cheque to: Alzheimer Society of Canada  
20 Eglinton Avenue West, Suite 1200, Toronto, Ontario, M4R 1K8 CANADA