Alzheimer Society PEEL

As a friend of the Alzheimer Society of Peel I wish to…

MAKE A DONATION

☐ I wish to make a **memorial donation** in the amount of $_____

This donation is in memory of _____

☐ I wish to make an **honorarium donation** (e.g. wedding, birthday, anniversary) in the amount of $_____

This donation is in honour of _____ Occasion:_____

Please send an acknowledgement (memorial) or card (honorarium) to:

Name_____

Address _____Apt./Unit #_____

City_____ Province _____ Postal Code:_____

I would like the acknowledgement or card to be signed:_____

_____

METHOD OF PAYMENT & RECEIPT

☐ **Cheque** (Please make all cheques payable to the Alzheimer Society of Peel – Please do not send cash in the mail)

☐ **Credit Card** ☐ VISA ☐ MasterCard

																	/		

CARD NUMBER EXPIRY DATE

NAME ON CARD: SIGNATURE:

PHONE:

Please send receipt to:

Name_____

Address _____Apt./Unit #_____

City_____ Province _____Postal Code_____ Phone_____

The Alzheimer Society of Peel thanks you for your generosity.

Please mail or fax this form to:

Alzheimer Society of Peel 60 Briarwood Avenue, Mississauga, ON L5G 3N6 Tel.: 905-278-3667 Fax: 905-278-3964
E-mail: alzheimersocietypeel@rogers.com