

LAST NAME:

FIRST NAME:

ADDRESS:

CITY: PROV.: POSTAL CODE:

TEL.: FAX:

E-MAIL:

Types of Donations

- I wish to support the mission of the Alzheimer Society of Montreal.
Make your choice: **single donation** **monthly donation**
- I wish to support research exclusively.
- I wish to make a donation in honour (In Honoriam) or in memory (In Memoriam) of someone.

Make your choice: **In Honour** **In Memory**

Name of the person:

Name and address of
the family for the
receipt of
acknowledgement:

Methods of Payments

Enclosed is my cheque payable to the Alzheimer Society of Montreal in amount of \$

Please deduct the amount of donation (single or monthly) on my credit card:

Amount: \$ Visa Master Card American Express

Cardholder's Name:

No : Expiry Date:

Signature :

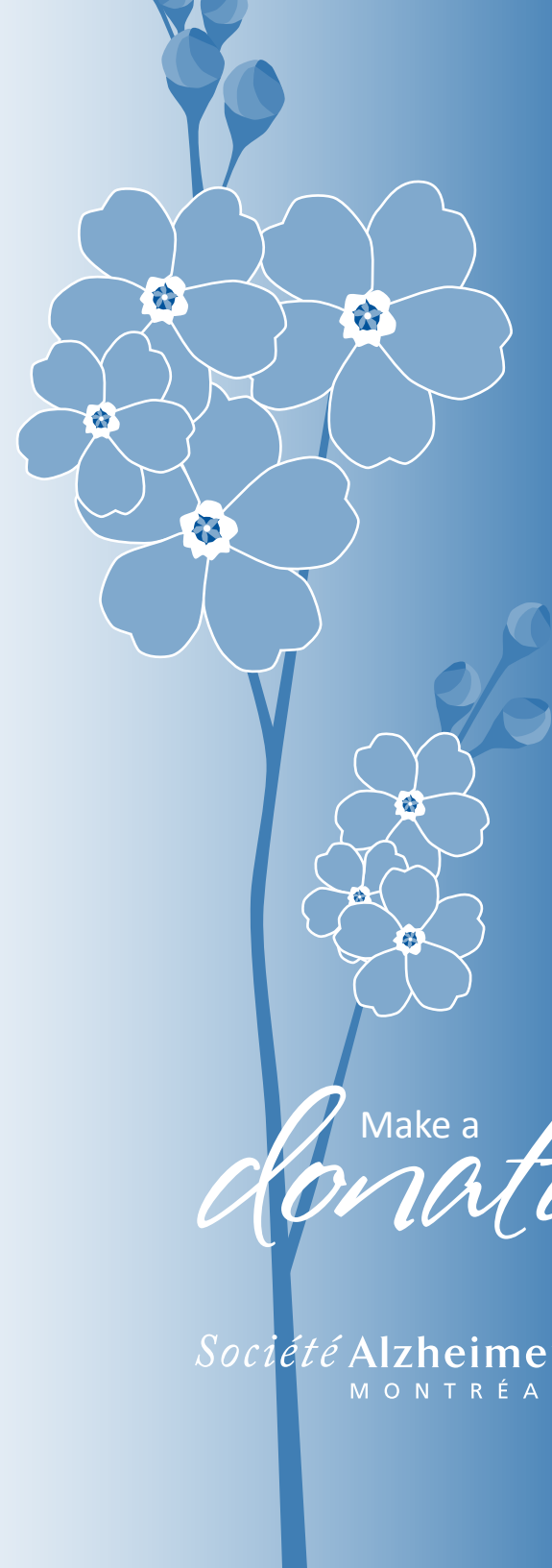
Please send this form to us either by mail or FAX.

Alzheimer Society of Montreal

4505 Notre-Dame St. West, Montreal, Quebec H4C 1S3 FAX : (514) 369-4103

Income tax receipts will be issued for donations of \$20 and over.

The Alzheimer Society of Montreal wishes to thank you for your generosity.



Make a
donation
to

Soci t  Alzheimer Society
MONTR AL