

Yes! I want to make a difference for local families impacted by Alzheimer's disease and related dementias

Donation Type: General In Memoriam In Honour

One time donation amount: \$250 \$150 \$100 \$50 My Choice: _____

Monthly donation* amount: \$50 \$40 \$25 \$15 My Choice: _____

*Monthly donations will be deducted on the first day of each month. You will receive a tax receipt in January for your total previous annual contribution.

Donor Information

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

Email: _____

Payment Method

I've enclosed a cheque made payable to the Alzheimer Society of Calgary Please charge to my credit card

Visa Mastercard American Express

Name on card: _____

Card number: _____

Expiry date: _____

Signature: _____

In Memoriam or In Honour Information

Name of deceased or honoured person: _____

Honouree Occasion: _____

Next of Kin/Honouree Info

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Next of Kin Relationship to Deceased: _____

THANK YOU

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Registered Charitable
Organization Business Number
13072 5740 RR0001