



Make a donation to the Alzheimer Society of Montreal

Please print the current page and send it to us either by mail or FAX.

Alzheimer Society of Montreal
5165 Sherbrooke St. West, Suite 410
Montreal, Quebec H4A 1T6
FAX : (514) 369-4103

Last name: _____	First name: _____
Address: _____	

Tel.: () _____	Fax: () _____
Email : _____	

Types of Donations

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

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 on my credit card:
Amount: \$_____ Visa Master Card American Express
Cardholder's Name: _____ No: _____ / _____ / _____ / _____
Expiry Date: _____ / _____ Cardholder's Signature: _____

Income tax receipts will be issued for donations of \$ 10 and over.

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