

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 :

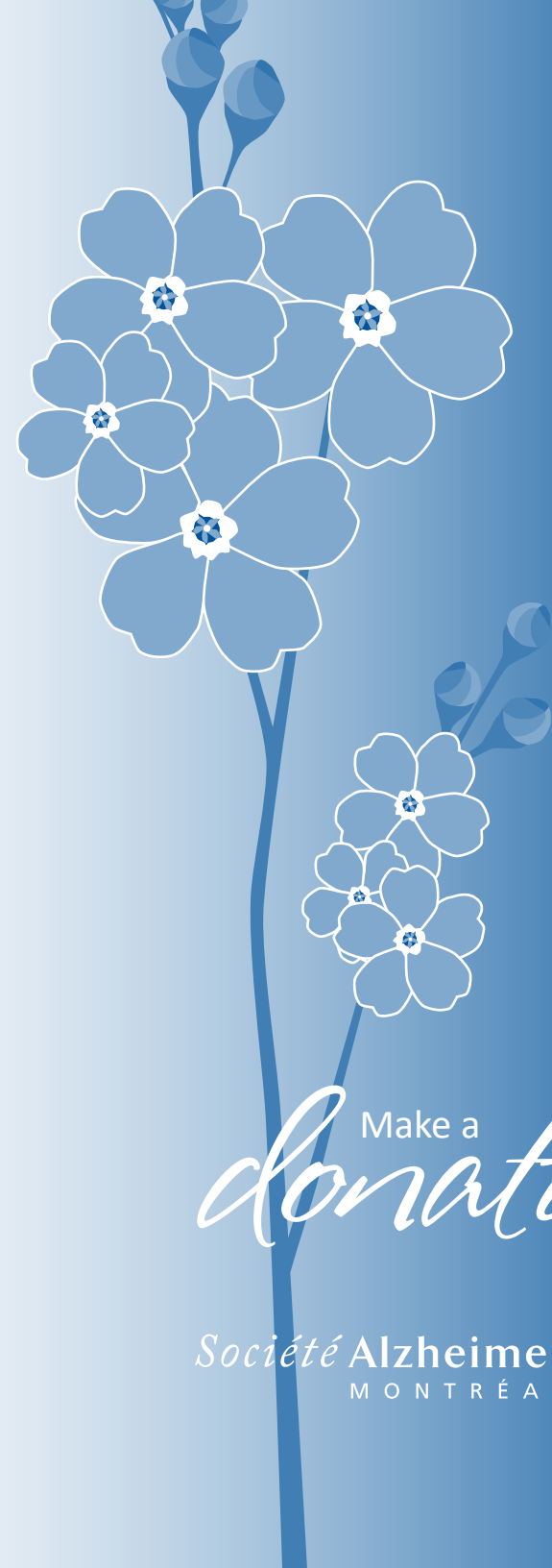
**Please send this form to us either by mail or FAX.**

**Alzheimer Society of Montreal**

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

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

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



Make a  
*donation*  
to

*Soci t  Alzheimer Society*  
MONTR AL