



I wish to become a member of the Circle of Friends as a:

**Friend** for the amount of: \$25

- Privileges : - Three issues of the «Liaison»
- A vote at the Annual General Meeting

**Patron** for the amount of: \$75

Monthly instalments of \$6.25 or one payment

- Privileges : - Three issues of the «Liaison»
- A vote at the Annual General Meeting
- Personalized invitation to conferences and events

**Protector** for the amount of: \$150

Monthly instalments of \$ 12.50 or one payment

- Privileges : - Three issues of the «Liaison »
- A vote at the Annual General Meeting
- Personalized invitation to conferences, events
- Personalized invitation to the Alzheimer Society's Christmas Party
- Name of donor listed in the Annual Report (if desired)

**Payment Options:**

I have enclosed my cheque

Please deduct \$\_\_\_\_\_ from my credit card

I authorize the Alzheimer Society of Montreal to deduct \$ \_\_\_\_\_ from my credit card on the 15<sup>th</sup> of every month.

Credit Card No: \_\_\_\_\_ Exp. \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

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