

Donate by Mail-Complete form & mail to: Société Alzheimer Society Cornwall & District, PO Box 1852, Cornwall, ON, K6H 6N6

My donation: ☐ \$50 ☐ \$250 ☐ \$100 ☐ \$500 ☐ \$1000 ☐ Other \$ _____

Name: _____

Address: _____

City: _____

Phone: _____ Postal Code: _____

Email: _____

☐ I have enclosed a cheque payable to:
Alzheimer Society Cornwall & District

☐ **OR** charge my: ☐ Visa ☐ MasterCard

☐ Cardholder Name: _____

Card #: _____ Expiry: ____/____CV# ____

Signature: _____

Tax receipts issued for donations over \$20. All information will remain confidential and only used to issues receipts and inform you of ASCD activities. Charitable Registration Number: 11878 4941 RR0001

Société Alzheimer Society

Cornwall & District / Cornwall et Région

Fund A Need

☐ *Checking here provides consent for us to communicate with you electronically. Thank you.*

