OR	support the Alzheimer Socie					
☐ I want to do Anythi	ing for Alz all year long, sign	me up for a monthly	y gift of: □ \$15.00 □ \$20	).00 □ \$25.00 □ I p	orefer to give \$/month	
DONOR INFORMATI	ON					
NAME:	ADDRESS:		CITY:	PRO'	VINCE:	
POSTAL CODE:	TELEPHONE:	EMAIL:			- Alzheimer Society	
Payment method: □\	/isa □ Mastercard □ Cheque	e □ Direct Withdraw	al (please attach a cheq	ue marked VOID)	SOUTHWEST PARTNERS 👻	
CARD NUMBER: L		EXP:		_ CVV:		
CARDHOLDER NAME:		SIGNATURE:				
Please make cheques payable to: Alzheimer Society Southwest Partners.  Charitable Registration Number 106705346RR0001			Charitable tax receipts will be issued on an annual basis, after the end of the calendar year. Monthly gifts will be deducted on the 1st of each month and can be altered or cancelled at any time by contacting AlzSWP. If you have questions or require additional information, please contact Leslie Rand at 519-680-2404.			

The information supplied on this form will remain confidential. It will only be used to issue receipts and to inform you of the activities of AlzSWP For more information, please visit www.alzswp.ca