□ Yes, I would like to support the Alzheimer Society Southwest Partners (AlzSWP) with a gift of: □ \$15.00 □ \$20.00 □ \$25.00 OR

□ I want to do Anything for Alz all year long, sign me up for a monthly gift of: □ \$15.00 □ \$20.00 □ \$25.00 □ I prefer to give \$_____/month

DONOR INFORMATION

NAME:	ADDRESS:	CITY	<i>r</i> : F	PROVINCE:
POSTAL CODE:	TELEPHONE:	EMAIL:		
Payment method: 🗆 V	isa 🗆 Mastercard 🗆 Cheque	e 🗆 Direct Withdrawal (please	attach a cheque marked VC	DID) Anything wALZHEIMER'S
CARD NUMBER:		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 Michael Wojtowicz at 519-680-2404 ext. 156.

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