

Please complete the e-transfer donation form and send to Mike at michael.wojtowicz@alzswp.ca. You will then receive an email with detailed instructions about making your e-transfer.

Donation Amou	nt*:				
\$250	\$100	\$50	(\$25	Other Amount:	
My donation is i	n honour/mem	nory of:			
Honour	Memory	Name: Fi	rst Name	Last Name	
I would li	ike to make an	anonymous	donation.		
I would like my	donation to su _l	oport*:			
Area of C	Greatest Need	O Local P	rograms and S	Services OResearch	
First Name*:			Last Nam	ne*:	
Address*:					
Street Address*					
Address Line 2					
City*		State / Pr	ovince*		
Postal Code / Zip	Code*	Country*			
Email*:					
Phone Number:					
	Your <i>parti</i>		care in Elgin, Mido o.ca info@alzswp	dlesex and Oxford o.ca	
	Elgin Office 450 Sunset Dr., Ste St. Thomas ON. NSR 5V1	e. 229 435 \	Allesex Office Windermere Rd. on ON. 2T1	Oxford Office 575 Peel St. Woodstock ON. N45 1K6	

Charitable Registration Number: 106705346RR0001