

Alzheimer Society
FOUNDATION
BRANT HALDIMAND NORFOLK
HAMILTON HALTON

Yes! I would like to help people in our local community live well with dementia.

I would like to make a monthly gift of: \$

Use my credit card

I have attached a void cheque for Pre-Authorized Debit on the: 1st 15th

One time gift:

\$30 \$50 \$100 \$250 Other: \$

I would like to support people living in:

Brant Haldimand Norfolk Hamilton Halton

Donor Name:

Address:

City:

Province:

Postal Code:

Phone:

Email:

Gift Payment Options:

I have enclosed a cheque payable to the: *Alzheimer Society Foundation*

I prefer to use my credit card

Credit Card Number:

Name on Credit Card:

Expiry Date:

CVS:

Signature:

Mail To:

Alzheimer Society Foundation, 645 Norfolk St. N. Simcoe, ON, N3Y 3R2

OR 550 Fennell Ave E, Suite 205, Hamilton, ON L8V 4S9

I/We authorize Alzheimer Society Foundation Brant, Haldimand Norfolk, Hamilton Halton (BHNHH) and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per your instructions for monthly regular recurring pay-ments). Regular monthly payments will be debited to my/our specified account on a specified day each month.

Receipts will be issued by the Alzheimer Society Foundation of Brant, Haldimand Norfolk, Hamilton Halton
Charitable Tax # 894537984 RR 0001

See our website for our full PAD Agreement