

General/Memorial/Tribute Donations

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Personal Information

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Donation Type (please select one)

General Donation:

☐ Programs & Services ☐ Research ☐ Unrestricted

Memorial Donation: ☐

In Memory of: \_\_\_\_\_

In Honour/Tribute Donation: ☐

In Honour of: \_\_\_\_\_

Notification to: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

How is the card to be signed? \_\_\_\_\_

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Payment Information

Donation Amount: \$ \_\_\_\_\_ Cheque enclosed : ☐

(Please make cheque payable to the **Alzheimer Society of London and Middlesex**)

Card Type: ☐ Visa ☐ MasterCard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

V Code/Security Code: \_\_\_\_\_

(V Code is the last 3 digits that appear on the back of your credit card)

**Please mail or fax this form to:**

Alzheimer Society of London and Middlesex 100 – 555 Southdale Rd. E. London, ON N6E 1A2

Tel: (519) 680-2404 Fax: (519) 680-2864 Toll Free: 1-888-495-5855

E-mail: [info@alzheimersociety.ca](mailto:info@alzheimersociety.ca)