

CHANGE OF INFORMATION

Partners *in* Giving

I hereby authorize the Alzheimer Society of B.C. to make the following changes to my monthly withdrawal

Today's date: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____

E-mail: _____

Signature: _____

Please print this form, complete the information, and mail or fax to:

Alzheimer Society of B.C.
Provincial Office
#300 – 828 West 8th Avenue
Vancouver, B.C. V5Z 1E2
Fax: 604-669-6907

If you have any questions, please call us:
604-681-6530 or 1-800-667-3742

OPTION 1 – CHANGE AMOUNT

I would like to change my monthly donation amount:

from \$ _____ to \$ _____

OPTION 2 – CHANGE WITHDRAWAL DETAILS

Change my banking information:

My new void cheque is attached.

Change my credit card information:

VISA MasterCard American Express

Card #: _____

Expiry (mm/yyyy): _____

OPTION 3 – CANCEL MONTHLY DONATION

Please cancel my monthly donation.

**Changes must be received before
the 25th of the month to take
effect in the next month.**



The Alzheimer Society of B.C. (ASBC) is committed to protecting your privacy and personal information. The information you provide will be used to issue a tax receipt and may be used to keep you informed of ASBC activities including programs, services, special events, funding needs, and opportunities to volunteer or to give. If at any time you wish to be removed from any of these contacts, please let us know by calling 604-681-6530, toll-free 1-800-667-3742 or e-mail info@alzheimerbc.org.