

# Société Alzheimer Society

SUROÏT



Please complete the following form, then mail to:

**Société Alzheimer du Suroît**  
**340, boul. Du Havre, suite 101**  
**Salaberry-de-Valleyfield. QC J6S 1S6**

Donors of \$1000 or more will appear under the "Honorable Donor" category in our annual report

Yes! I would like to make a donation

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**DONATIONS:** By donating to the Alzheimer Society Suroît, you help us to offer services aimed at improving the day to day living of individuals and families touched by the disease.

## I WISH TO MAKE A DONATION IN THE AMOUNT OF:

- 10\$** Offer a donation of **support**
- 20\$** Offer a donation of **a feeling of belonging**
- 50\$** Offer a donation of **friendship**
- 100\$** Offer a donation of **courage**
- 250\$** Offer a donation of **hope**
- Other amount: \$** \_\_\_\_\_



This gift is  **In memory of** \_\_\_\_\_

**In celebration of** \_\_\_\_\_

**Name and address of family to advise:**

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

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

\_\_\_\_\_

## **MEMBERSHIP:**

Please check this box if you wish to become a member of the Alzheimer Society for one year

**(Individual member: Minimum yearly donation of 10\$ • Familial member: Minimum yearly donation of 25\$)**

## **PAYMENT OPTIONS:**

I have enclosed a cheque payable to ALZHEIMER SOCIETY SUROÏT

Please charge my credit card:  MC  VISA

Credit card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Card holder name: \_\_\_\_\_ Signature: \_\_\_\_\_

The allotted income tax receipt will be issued

info@alzheimersuroit.com  
www.alzheimersuroit.com

Número de charité / Charitable registration :  
89318 8599 RR0001



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