



# DONATION FORM

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**One time donation amount:**  \$35  \$50  \$100  \$200  My Choice: \_\_\_\_\_

**My gift is in support of the following Participant/Team:** \_\_\_\_\_

## Donor Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email (**required for tax receipt**): \_\_\_\_\_

## Payment Method

I've enclosed a cheque made payable to the Alzheimer Society of Calgary

Please charge to my credit card

Visa  Mastercard  American Express

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please mail to:** Alzheimer Society of Calgary  
800-7015 MacLeod Trail SW  
Calgary, AB T2H 2K6

**THANK YOU**

800-7015 Macleod Tr SW  
Calgary, AB T2H 2K6

walkrun@alzheimercalgary.ca

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f 403-269-8836

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Charity Registration Number

13072 5740 RR0001