Anything for Alzheimer's Pledge Form

Anything for ALZHEIMER'S

Alzheimer *Society*
M A N I T O B A
Dementia Care & Brain Health

Please record cash & cheque pledges on this form.

Please register on the Anything for Alzheimer's® website before you begin collecting pledges or call our provincial office at 204-943-6622.

Name: _____

Address: _____

City/Town: _____ Postal code: _____

Phone (Home): _____ Phone (Bus.): _____

Email: _____ Fax: _____

Tax Receipts

Tax receipts issued for pledges of $15 or more. Receipts will be mailed. We accept cash or cheque. Please make cheques payable to the Alzheimer Society of Manitoba. Credit card donations can be made online or by calling our provincial office at 204-943-6622.

Signature: _____ **Date:** _____

If under 18, signature of parent or guardian: _____

Donor Information *(please print neatly)*	Pledge Amount	Office Use Only
Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	$_____	
Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	$_____	
Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	$_____	
Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	$_____	
	Page Sub-total $_____	

Please write a personal cheque to the "**Alzheimer Society of Manitoba**" for cash collected.
Please make ALL cheques payable to the "**Alzheimer Society of Manitoba.**"
This form may be photocopied.

Donor Information *(please print neatly)*	Pledge Amount	Office Use Only
Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	$_____	
Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	$_____	
Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	$_____	
Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	$_____	
Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	$_____	
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