

Donation Form

Support our services

Your financial support is essential to meet the needs of people affected by Alzheimer's disease. Make a difference by helping to alleviate their daily lives.

Please complete this form and return it to :
Alzheimer Society Laval
2525, René-Laennec blvd, Laval (Québec) H7K 0B2

Title	Mrs. <input type="checkbox"/>	Mr. <input type="checkbox"/>
First name		
Last name		
Address	Apt.# :	
City	Province :	
Postal Code	phone :	
E-mail		

My donation is in the amount of :\$

Payment method:

Cheque Postal order (payable to: Alzheimer Society Laval)

Visa MasterCard

Credit Card Number :

Expiration Date

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Signature :

I wish to receive a receipt for tax purposes (donation of \$ 20 or more)

Charity Number : 889968467 RR0001