

ALS SOCIETY OF CANADA

DONATION FORM

- General
- In memory
- In honour

Donor Information

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City: _____ Province: _____ Postal code: _____

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Donation Information

Amount \$ _____

I have enclosed my cheque or money order payable to ALS Society of Canada.

Please charge to my Visa MasterCard American Express

Credit Card number: _____ Exp. _____

Signature: _____ Date: _____

In memory / In honour of:

Acknowledgment card to: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Card Signed by _____

Please complete this form and mail back to:

ALS Society of Canada
3000 Steeles Avenue East, Suite 200 Markham Ontario L3R 4T9

or fax to: 905-248-2019