

Event Pledge Form (proceeds to the Alzheimer Society of B.C.)

PARTICIPANT NAME: _____

ADDRESS: _____

CITY _____ PROV _____ PCODE: _____

PHONE (home): _____ (work) _____

E-MAIL: _____

Please PRINT the name and complete address of each donor clearly, and be sure to include the amount of their donation.

CREDIT CARDS – We can accept pledges on Visa and Mastercard only. Please include credit card number and expiry date (see example below)

PLEASE DO NOT MAIL CASH. ALL PLEDGE MONEY MUST ACCOMPANY FORM.

PLEASE MAKE ALL CHEQUES PAYABLE TO THE ALZHEIMER SOCIETY OF B.C.

Sponsor's Name	Address	City	Postal Code	Donation Amount	COLLECTED		
					Cash	Chq	Credit Card
<i>Mary Sample</i>	<i>123 Anywhere St.</i>	<i>Mytown</i>	<i>V1V 2A2</i>	<i>\$20</i>			<input checked="" type="checkbox"/>
<i>VISA</i>	<i>4511 1234 1234 1234</i>	<i>Exp 03/05</i>	<i>E-mail</i>	<i>mary.sample@telus.net</i>			
			<i>E-mail</i>				
			<i>E-mail</i>				
			<i>E-mail</i>				
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			<i>E-mail</i>				

TAX RECEIPTS ISSUED FOR PLEDGES OF \$15 OR MORE

TOTAL for page:

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Participant name:

Page #:

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The Alzheimer Society of B.C. is committed to protecting the privacy of people whose personal information is collected and held by the Alzheimer Society and we adhere to all legislative requirements with respect to protecting privacy. The information you provide will be used to provide tax receipts and to keep you informed and up to date on the activities of the Alzheimer Society of BC including programs, services, special events, funding needs and opportunities to volunteer or to give. If at any time you wish your name to be removed simply contact us by phone at (604) 681-6530 or via e-mail at info@alzheimerbc.org and we will gladly accommodate your request.

Charitable Registration No: 11878 4891 RR0001