

Forget-Me-Not Partner

Monthly Giving Enrollment Form



Name _____

Address _____

City _____ Prov _____ Postal Code _____

Email _____

Pledge Information

I pledge monthly: \$10 \$20 \$50 \$100 other \$ _____ on the 15th on the 30th

I plan to make this contribution in the form of: Pre-Authorized Debit VISA MasterCard

I prefer to make a **one-time gift** at this time of \$ _____ cheque credit card

Make cheque payable to: Alzheimer Society Foundation

Direct my gift to the Alzheimer Society of: Brant Haldimand Norfolk Hamilton Halton

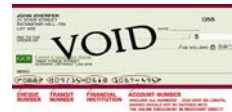
Credit Card Number _____

Expiry Date _____ CVS (3 digit number on back of card): _____

Authorized signature _____ Date: _____

For Pre-authorized Debit

You can attach a void cheque or fill out information below



Bank Number (3 digit) _____

Transit Number (5 digit) _____

Account Number _____

Authorized signature _____ Date: _____

I/We authorize Alzheimer Society Foundation Brant, Haldimand Norfolk, Hamilton Halton (BHNHH) and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments. Regular monthly payments will be debited to my/our specified account on a specified day each month.

Receipts will be issued by the Alzheimer Society Foundation of Brant, Haldimand Norfolk, Hamilton Halton Charitable Tax # 894537984 RR 0001

I do not wish to have my gift recognized on your donor wall or any print materials.

This authority is to remain in effect until Alzheimer Society Foundation of Brant Haldimand Norfolk Hamilton Halton has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/We may contact my/our financial institution or visit www.cdnpay.ca