



# Participant Information

Name: .....

Event Name: .....

Mailing Address: .....

Town/City: ..... Postal Code: .....

Phone (cell): ..... Phone (home): .....

E-mail: .....

Where did you hear about Anything for Alzheimer's?: .....

**Save time!**  
 Register and do your fundraising online! Contact Theresa Frazao at 604-742-4947 or tfrazao@alzheimercbc.org

### Privacy Statement

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 of B.C.* and we adhere to all legislative requirements with respect to protecting privacy. The information you provided will be used to keep you informed and up-to-date on the activities of the *Alzheimer Society of B.C.* including programs, services, special events, funding needs and opportunities to volunteer or give. If at any time you wish your name to be removed, simply contact us by phone at 1-800-667-3742 or via e-mail at info@alzheimercbc.org and we will gladly accommodate your request.

### Tax Receipts

Donations of \$15 or more will automatically receive an official tax receipt provided contact information is both legible and complete. Charitable Registration No: 11878 4891 RR0001.  
 We accept cash, cheque, Visa or Mastercard. Please make cheques payable to the Alzheimer Society of B.C.

### Reminder

Only donate to people you know or make a secure donation by donating directly to the Alzheimer Society of B.C. at [www.anythingforalzheimers.ca](http://www.anythingforalzheimers.ca)

# Donation Information

Please print clearly | DO NOT include online donations on this form | All pledge money must accompany this form | DO NOT mail Cash

Name: .....	Donation Amount			Office Use Only
Mailing Address: .....	Cash	Cheque	Credit Card	
Town/City: ..... Postal Code: .....	\$	\$	\$	
Phone: ..... E-mail: .....				
Credit Card No.: ..... Expiry: .....				

  

Name: .....	Donation Amount			Office Use Only
Mailing Address: .....	Cash	Cheque	Credit Card	
Town/City: ..... Postal Code: .....	\$	\$	\$	
Phone: ..... E-mail: .....				
Credit Card No.: ..... Expiry: .....				

  

Name: .....	Donation Amount			Office Use Only
Mailing Address: .....	Cash	Cheque	Credit Card	
Town/City: ..... Postal Code: .....	\$	\$	\$	
Phone: ..... E-mail: .....				
Credit Card No.: ..... Expiry: .....				

Participant Name ..... Event Name ..... Page /

Name: .....		Donation Amount			
Mailing Address: .....		Cash	Cheque	Credit Card	Office Use Only
Town/City: ..... Postal Code: .....		\$	\$	\$	
Phone: ..... E-mail: .....					
Credit Card No.: ..... Expiry: .....					

Name: .....		Donation Amount			
Mailing Address: .....		Cash	Cheque	Credit Card	Office Use Only
Town/City: ..... Postal Code: .....		\$	\$	\$	
Phone: ..... E-mail: .....					
Credit Card No.: ..... Expiry: .....					

Name: .....		Donation Amount			
Mailing Address: .....		Cash	Cheque	Credit Card	Office Use Only
Town/City: ..... Postal Code: .....		\$	\$	\$	
Phone: ..... E-mail: .....					
Credit Card No.: ..... Expiry: .....					

Name: .....		Donation Amount			
Mailing Address: .....		Cash	Cheque	Credit Card	Office Use Only
Town/City: ..... Postal Code: .....		\$	\$	\$	
Phone: ..... E-mail: .....					
Credit Card No.: ..... Expiry: .....					

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Town/City: ..... Postal Code: .....		\$	\$	\$	
Phone: ..... E-mail: .....					
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Mailing Address: .....		Cash	Cheque	Credit Card	Office Use Only
Town/City: ..... Postal Code: .....		\$	\$	\$	
Phone: ..... E-mail: .....					
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Mailing Address: .....		Cash	Cheque	Credit Card	Office Use Only
Town/City: ..... Postal Code: .....		\$	\$	\$	
Phone: ..... E-mail: .....					
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Mailing Address: .....		Cash	Cheque	Credit Card	Office Use Only
Town/City: ..... Postal Code: .....		\$	\$	\$	
Phone: ..... E-mail: .....					
Credit Card No.: ..... Expiry: .....					

For Office Use ONLY	A.....B.....C.....D.....	Totals (A+B+C+D) .....	<b>Page Totals</b>	\$	\$	\$	