

DONATION FORM

Please print and complete this form then send to:

Mail: Parkinson Society Canada 316-4211 Yonge St, Toronto, ON M2P 2A9
 Fax: 416-227-9600 (Attn: Donations)
 Telephone: 1-800-565-3000 or 416-227-9700

DONATION TYPE

- General Donation (one-time gift)
- Monthly Donation
- In memory of: _____
- In honour of: _____

DONOR INFORMATION

Organization Name (if applicable): _____

Mr. Mrs. Ms. Miss Dr. Other: _____

First Name: _____ Last Name: _____

Address: _____ Suite: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ E-mail: _____

DONATION DETAILS

\$100 \$75 \$50 \$25 \$10 Other: \$ _____

Cheque (please make cheque payable to Parkinson Society Canada)

Visa MasterCard American Express

Credit Card #: _____ Expiry Date: _____

Signature: _____ Date: _____

MONTHLY DONATIONS ONLY

- OPTION 1** Please withdraw the amount above from my bank account each month. I have enclosed a VOID cheque.
- OPTION 2** Please charge my credit card each month for the amount indicated above. My credit card number is above.

ACKNOWLEDGMENT CARD

- If donation is in memory or in honour, please send acknowledgment card to:
- No card required.
- First Name: _____ Last Name: _____
- Address: _____ Suite: _____
- City: _____ Province: _____ Postal Code: _____
- Yes, Parkinson Society Canada can provide my name and address to the recipient of this card.

Parkinson Society Canada strives to provide a brighter future for Canadians today and a world without Parkinson's tomorrow. We are only able to do this with the support of generous individuals, corporations and foundations across Canada. If you would prefer to not receive updates from us in the future, please check this box.