



Participant Name _____
Participant Address _____
Event Location _____
Team (if applicable) _____

Gifts over \$20.00 are eligible for a tax receipt. Information **MUST** be complete & **legible** to be issued a receipt
 DON'T MAIL CASH. Please make cheques to the Alzheimer Society of Saskatchewan

Name: _____ Phone: _____ Cash Cheque Donation \$ _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Receipt Sent Via: Mail Email Email: _____

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 City: _____ Province: _____ Postal Code: _____
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Page Total: \$ _____

The Alzheimer Society of Saskatchewan is committed to protecting your privacy and your personal information. The information you provide will be used to issue a tax receipt and may be used to keep you informed about our activities. If at anytime you wish to be removed from our contact list, please let us know by calling 306-949-4141

Please print extra of this page if needed