

Pledge Form

www.alz.to

* - Required

* First Name	* Last Name	* Event Name
* Address, City & Postal Code:		* Telephone:
Email:	* Event Date & Time:	

Please make cheques payable to: Alzheimer Society of Toronto.
 (\$20.00 donations or more, will automatically be sent a tax receipt.)

DO NOT RECORD
 ONLINE PLEDGES
 ON THIS FORM

* Sponsor's Name (please print)	* Address	* City	* Postal Code	Email	* Telephone	* Receipt?	* Amount (\$)
Sam Sampleton	123 Sample Street	Sampleville	A1B 2C3	s.sample@email.com	416-123-4567	Yes	\$20
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Email: write@alz.to
 Website: alz.to

Head Office: 20 Eglinton Avenue West, Floor 16, Toronto, ON M4R 1K8
 Telephone: 416-322-6560

Charitable Registration Number:
 10670 5262 RR0001

Total \$
 Collected

Thank you for your generous support!