

ALS SOCIETY OF MANITOBA LA SOCIETE MANITOBAINE DE LA SLA

2A - 1717 DUBLIN AVENUE ZA - 1717 DUBLIN AVENUEFAX: 204.837.9023WINNIPEG, MANITOBA R3H 0H2TOLL FREE: 866.718.1642WEBSITE:WWW.ALSMB.CAEMAIL:HOPE@ALSMB.CA

PHONE: 204.831.1510 FAX: 204.837.9023

ALS SOCIETY OF MANITOBA DONATION FORM

Charitable registration # 120654421 RR0001

This donation is made on behalf of:		Individual	al Company		у	
Name of Donor: (Dr./Mr./Mrs./Ms./Mr. & Mrs.)						
Tax Receipt Issued to:						
Mailing Address:						
Telephone Number:	Fax Number:		Email:	Email:		
General Donation	In Memory		_ In Honour	In Honour Directed to:		
In Memory or In Honour of:						
Send Card to:	Mailing Address:					
Write your special message to go with the card:						
Amount of Donation:						
Choose one of two options to make your donation:						
1. Cheque Please make cheque payable to ALS Society of Manitoba Inc.						
2. Credit Card For Payment: (Check One)VisaMasterCard American Exp				Express	Name on the Credit Card:	
Credit Card Number: Expiration Date: Security Code # (3 digit for Visa & MasterCard at the back of the card & 4 digit in-front of the card of Amex)						
I would like to make monthly donations to the ALS Society of Manitoba:						
• I, as the credit card holder of the account, authorize the ALS Society of Manitoba to debit my donation from the credit card on the first of every month in the amount of (please check or indicate your preference):						
\$250.00 \$100.00 \$50.00 \$25.00 \$15.00 Other Amount:						
 I understand that I can cancel my direct donation at any time, simply through phone call or a written notice to ALS Society of Manitoba. A tax receipt for my monthly donation will be issued to me every December of each year. 						
Signature of Account Holder: Date:						
Return this form:	By Mail: ALS Society of Manitoba Inc. 2A - 1717 Dublin Avenue, Winnipeg MB R3H 0H2					
By Fax: 204-837-9023	By E-mail: hope@	@alsmb.ca	Telephone Inquiry: 1-866-718-1642			