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Website: www.parkinsonsociety.ca

Charitable Registration Number: 83130 2708 RR0001

DONATION TYPE

- My Gift of Today
- Monthly Gift
- 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 Southwestern Ontario)
 - Visa Master Card
- Credit Card #: _____ Expiry Date: _____ CVV: _____
- Signature: _____ Date: _____

MONTHLY DONATIONS ONLY

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

ACKNOWLEDGMENT CARD

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