



AMYOTROPHIC LATERAL SCLEROSIS
SOCIETY OF BRITISH COLUMBIA

ALS SOCIETY OF BC DONATION FORM

This donation is made on behalf of:			Individual	Company
Name of Donor:				
Tax Receipt Issued to:				
Mailing Address:				
Telephone Number		Fax Number		E-mail
In Memory		In Honour		General Donation
Direct this donation 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 the two options to make your donation:				
1. Cheque Please make cheque payable to ALS Society of BC				
2. Credit Card For Payment: (Check One) Visa MasterCard American Express				Name on the Credit Card:
Billing Address (if different from mailing address):				
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 more information on the following:				
Patient Services Program of the Society		Volunteer Program of the Society		
Fundraising Events of the Society		Becoming Member of the Society		
Making a gift (Stock Donation, Life Insurance, Gifts of Annuities, etc.)				
Making a gift through my will		Monthly Giving Program of the Society		
Return this form		By Mail: ALS Society of BC 1228 - 13351 Commerce Parkway Richmond, BC V6V 2X7		
By Fax: 604-278-4257		By E-mail: info@alsbc.ca		Telephone Inquiry: 1-800-708-3228 ext. 225