



AMYOTROPHIC LATERAL SCLEROSIS  
SOCIETY OF BRITISH COLUMBIA

## ALS SOCIETY OF BC DONATION FORM

This donation is made on behalf of:			Individual	Company
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<b>Tax Receipt Issued to:</b>				
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Write your special message to go with the card:				
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1. <b>Cheque</b> Please make cheque payable to ALS Society of BC				
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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)
<b>I would like more information on the following:</b>				
Patient Services Program of the Society		Volunteer Program of the Society		
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Making a gift (Stock Donation, Life Insurance, Gifts of Annuities, etc.)				
Making a gift through my will		Monthly Giving Program of the Society		
<b>Return this form</b>		<b>By Mail:</b> ALS Society of BC 1228-13351 Commerce Parkway Richmond, BC V6V 2X7		
<b>By Fax:</b> 604-278-4257		<b>By E-mail:</b> <a href="mailto:info@alsbc.ca">info@alsbc.ca</a>		<b>Telephone Inquiry:</b> 1-800-708-3228 ext. 225