



FOR OFFICE USE ONLY

DONATION AMOUNT: _____

DONATION DATE: DD/MM/YR _____

THANK YOU LETTER SENT: YES NO

Donation Form

Donor Information:

Name: _____

Address: _____

City: _____ Postal Code: _____

Mobile #: _____

Phone (other): _____

Email: _____

You will be issued a tax deductible receipt for any gift over \$20.

Credit Card donations may be made online at <http://www.werageweweeep.com/donate.html>.

Please complete this form and mail cheque (made payable to We Rage We Weep Alzheimer Foundation) to: We Rage, We Weep Alzheimer Foundation
707-828 Rupert Terrace Victoria, BC V8W 0A7

If you have any questions please email info@werageweweeep.com or call: (250) 920-9573.

**Thank you for your support in easing the burden of care giving
– one family at a time.**

We Rage We Weep Alzheimer Foundation is committed to protecting your privacy and personal information. The information you provide will be used to issue a tax receipt and to keep you informed of the Foundation's activities including programs, services, special events, funding needs, and opportunities to volunteer or give through our newsletter. If at any time you wish to be removed from any of these contacts, please let us know by emailing info@werageweweeep.com or call: (250) 920-9573.

We Rage We Weep Alzheimer Foundation
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707-828 Rupert Terrace Victoria, BC V8W 0A7
(250) 920-9573
Charitable Registration BN: 80814 2277 RR0001
www.werageweweeep.com