



Yes, I'm proud to support Alzheimer Groupe (AGI) —

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Other \$ _____

I am sponsoring: _____ (participant name)



*Enhancing the lives of everyone touched by
Alzheimer's and related dementias.*

Contact Details

Name: _____

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Yes, please send my tax receipt by e-mail.

Payment

Cheque, made payable to Alzheimer Groupe

VISA

MasterCard

Card Number _____ Expiry date (mm/yyyy): _____/_____

Signature: _____

Tax receipts are provided for donations \$15 and more. Charitable Number: 89609 0487 RR0001

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