

Mail Donation Form



CONTACT INFORMATION

Title: Mr. Mrs. Ms. Other: _____

Name: _____

Full Address: _____

Phone: _____

Email: _____

Preferred contact method: Phone Email

Yes, I consent to receive e-communications from Parkinson Society BC

DONATION INFORMATION

Type: One-Time Monthly

Amount: \$25 \$50 \$100 \$250 \$500 Other: _____

I would like my donation directed toward:

Research Area most in need Membership \$25

In Memory of Someone (please complete section below)

In Honour of Someone (please complete section below)

IF YOUR DONATION IS IN MEMORY/HONOUR OF SOMEONE, PLEASE COMPLETE BELOW

Deceased Name | In Honour Recipient Name: _____

Next of Kin Name and Address | In Honour Recipient Address: _____

Comments: _____

PAYMENT INFORMATION

Payment Method: Visa Mastercard Cheque enclosed

Card Number: _____

Expiry (mm/yy): _____

Signature: _____

Please print this form and mail it to the address below. Thank you for your support!

1021 West Hastings Street, 9th floor, Vancouver, BC V6E 0C3

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