

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!

890 West Pender Street, Suite 600, Vancouver BC V6C 1J9

Parkinson Society British Columbia • 604-662-3240 | 1-800-668-3330

info@parkinson.bc.ca • www.parkinson.bc.ca