

21st Annual Ride for Memories

August 19, 2023 Pledge Form

Please provide the following information:

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ E-mail: _____

Please print clearly. We will provide tax receipts for amounts of \$10 or more. Your address must match your income tax address.

First/Last Name	Mailing Address	City/Prov	Postal Code	Telephone #	Pledge	Collected	Receipt # Office use
Jane Doe	301 Airport Road	Kenora	P9N 30A	548-0989	\$20.00	\$20.00	
TOTAL							

The Alzheimer Society of Kenora/Rainy River Districts respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. The information you provide will be used to keep you informed about the Society.

Contact us: 618-9th Street North, Kenora, Ontario, P9N 2S9, Phone: (807) 468-1516 or 1-800-682-0245, E-mail: info@alzheimerr.com

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