

# 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 VC6 1J9

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info@parkinson.bc.ca • [www.parkinson.bc.ca](http://www.parkinson.bc.ca)