



ALZHEIMER'S FACE OFF PRO-AM HOCKEY TOURNAMENT OFFLINE DONATION FORM



Player Name		Team Name	
Phone #		Email	

PLEASE PRINT CLEARLY

DONOR'S First & Last Name (for tax receipt)	Address City Province Postal Code	Phone Number	Email Address	Donation Amount (\$)	Cash ✓	Chq ✓	VISA/ MC	Credit Card #	Expiry Mth/Yr
TOTAL PAID				\$					

Make cheques payable to 'Alzheimer Society of Alberta and Northwest Territories' and include the team and/or player name if applicable. Mail or courier donations to: Alzheimer Society of Alberta and Northwest Territories c/o Erin Martyshuk, Allendale Professional Centre 306, 10430 - 61 Avenue, Edmonton AB T6H 2J3. For security reasons, please do not put cash in the mail. To determine top fundraisers, payment must be received on or before 4 p.m. MDT on Tuesday, April 22, 2025. Please ensure information is COMPLETE and LEGIBLE. Tax receipts will be issued for donations greater than \$20.



In Partnership with

Alzheimer Society
ALBERTA AND
NORTHWEST TERRITORIES