18th Annual Ride for Memories Your Continued Support Matters

Société Alzheimer Society

KENORA/RAINY RIVER DISTRICTS



Hello Riders and Ride For Memories Supporters!

The Society's Board of Directors have decided to continue this fundraising initiative along with the Ride Committee. This years' Ride event will take a different format than previous rides due to COVID-19. This means it is a Virtual ride with no planned gathering or windup. Your continued generosity is greatly appreciated by those affected with dementia and their caregivers that we support!

William Scutt Board President Dave Canfield Chair Committee Robert Gordon Committee William Naturkach Committee

Jim Harty Board of Director & Committee

To donate or start fundraising go to: www.alzgiving.ca/rideformemories







18th Annual VIRTUAL Ride for Memories August 22th, 2020 Participant information – No Registration Fee

Please provide the following information:	
First Name:	Last Name:
Address:	
City:Province:	Postal Code:
Phone: E-mail:	
Signature Date	
*Any Credit Card information should not be emailed or number and we will call you back for your information. Black T-shirt with white Ride for Memories Logo (\$20.0)	
Sizes and Number of T-shirts	
Small Medium Large X-Large XX-L	-Large
Total # of T-Shirts Ordered Total \$	
T-Shirt orders Total Payment:	
Payment Method: 🛘 MasterCard 🗖 Visa 🗖 Chequ	que EFT: info@alzheimerkrr.com
Card Number:	Expiry Date:
Signature:	CVV: Postal Code:

Mail to: Post office Box 837, Kenora ON P9N 4B5 or drop off in person at the office: 618-9th Street North, Kenora, ON P9N 2S9

Contact us: Tel: (807) 468-1516 or 1-800-682-0245, E-mail: info@alzheimerkrr.com, Fax: (807) 468-9013

18th Annual Ride for Memories 2020

Pledge Form

Please provide the following information:

First Name:	: Last Name:							
Address:						79		
City:	Province:		Postal (Code:				
Phone:		E-ma	il:					
Please print clearly. We will p	provide tax receipts for amou	nts of \$10 or mo	re. Your address n	nust match your incor	me tax addres	s.		
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								

18th Annual Ride for Memories 2020 Pledge Form

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 respects to protecting privacy. The information you provide will be used to keep you informed about the Society.