

Please accept my tax deductible donation of

\$

One-off donation     Monthly donation

Name:  Constituent ID:

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Enclosed is my cheque/money order (payable to "Alzheimer's WA") or please debit my:

Visa     MasterCard     Diners     Amex

Expiry:

Name on card:  Signature:

**Please send me information on:**     How I can become a member     How I can become a regular supporter  
 Including Alzheimer's WA in my will

Walk to Remember 2019

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