

Société Alzheimer Society

DISTRICT DE TIMMINS - PORCUPINE
TIMMINS - PORCUPINE DISTRICT

Purchaser:

Name	
Address	
City/Town/Postal Code	
Phone #	
Email address	
Drivers Licence Attached*	For proof of age and residence *Will be shredded after the draw Tickets must be in purchasers name due to verification of age and location

Number of tickets purchased	
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Mailing address: (if different from above)

Name	
Address	
City/Town	
Email address	

Please mail cheque made out to:

**Alzheimer Society Timmins-Porcupine
38 Pine St North, Unit 107A, Timmins, ON P4N 6K6**

Office Use Only:

- Confirmed age and address: Yes No
- Cheque Deposited: Yes No Date: _____
- Cheque Cleared: Yes No Date: _____
- Tickets Mailed: Yes No Date: _____

Staff Signature: _____