

Rosemary Foundation for Memory Support Inc
Pledge Form

I/We would very much like to become a

Member of the Rosemary Foundation for Memory Support Inc - \$1,000 over 5 years

Fellow of the Rosemary Foundation for Memory Support Inc - \$10,000 over 5 years

Governor of the Rosemary Foundation for Memory Support Inc-\$50,000 over 5 years

It is with pleasure that I/We send my/our annual gift of \$.....in a 5 year pledge

NAME: _____

ADDRESS: _____

_____POSTCODE_____

PHONE: _____FAX: _____

Please find my/our **Cheque** **Bankcard** **Mastercard** **Visa**

Number: _ _ _ _ _

Expiry Date: ___/___

Signed: _____

Please forward this form to:

The Rosemary Foundation for Memory Support Inc

27 Conyngham Street

GLENSIDE SA 5065

Fax: (08) 8338 3390

foundation@alzheimerssa.asn.au

Email: _____