



Membership Form

Personal Information:

Name(s): _____

If your household is two people please include both names

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone: _____ **Email:** _____

Check here if you consent to receive occasional electronic communications

Newsletter: **Electronic** **Hard Copy**

Membership Type: *Membership year is January 1 to December 31*

Household \$25 **Lifetime \$250** **Organizational \$60**

Corporate \$200

Donation \$: _____ *Charitable Registration #: 129947065 RR0001*

Tax receipts will be issued for donations over \$20.00

Publish Name as Donor in ACA Newsletter: **Yes** **No**

How to pay: *We accept cash and cheque by mail. If you would like to pay via credit card you may do so on our website or by contacting the office.*

For over 56 years, the Alberta Council on Aging has advised local, provincial and federal governments on matters relating to the full and equal participation of older persons living in Alberta and Canada. Alberta Council on Aging is hoping to raise \$100,000.00 through fundraising efforts. An estimated 25% of the funds we raise are used to cover administration expenses, 75% of the funds are used to support programming, educational materials, advocacy and inclusion.

 www.acaging.ca

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