



**Alberta
Caregivers
Association**

Caring for Caregivers

2008 Investor/Membership Form

Name: _____	2008 Fee Schedule
Address: _____	Individual \$20.00 _____
City: _____	Organization \$45.00 _____
Prov: _____ Postal Code: _____	Corporate \$150.00 _____
Phone: (____) _____	I wish to make a donation in the amount of:
To receive e-news, please provide email: _____	\$25 _____ \$50 _____ \$100 _____ Other _____
Are you a caregiver? <input type="checkbox"/>	Total \$ _____
Is a family member a caregiver? <input type="checkbox"/>	Please make cheque payable to:
Other – specify: _____	The Alberta Caregivers Association
Will you consider volunteering a few hours of your time?	9808-148 Street
_____ Fundraising	Edmonton, AB T5N 3E8
_____ Information Displays	780-453-5088
_____ Special Events	www.AlbertaCaregiversAssociation.org
_____ Networking Group	<i>A tax deductible receipt will be issued</i>
_____ Administrative Assistance	<i>Charitable Tax Reg. No. 865902217 RR0001</i>
_____ Board and Committee	