



ADMIN ONLY

Client #:

Date Received:

Alzheimer Society Music Project Return and Discharge

Thank you for participating in the Alzheimer Society Music Project. Please complete this form to end participation in the program and return the music package.

Music Recipient Name:		Referring Organization Name (if applicable):	
Your Name:	Your Email Address:	Your Phone Number:	

Please indicate your reason to end participation in the program:
<input type="radio"/> No longer interested in participating (specify reason): <input type="radio"/> Recipient deceased <input type="radio"/> Other (specify):

Notes/Comments: Please tell us here if there is anything else you would like us to know.

Thank you for your support!



We appreciate your efforts to return the music player and accessories for the benefit of another person with dementia. Music packages can be dropped off to your local Alzheimer Society (addresses are listed on www.musicproject.ca/contact) or mailed using the pre-paid label on the following page.


Contact the Music Project Coordinator at write@musicproject.ca or 416-640-6305 with any questions.




Alzheimer Society Music Project Return and Discharge

To mail items, print, cut, and affix the following label to a bubble mailer. Make sure to include the form on the previous page when mailing the package to us. Thank you!



CANADA		POSTES
POST		CANADA
Postage paid if mailed in Canada		Port payé si posté au Canada
Business Reply Mail		Correspondance- réponse d'affaires
0006378307		25

1000009173-M4R1K8-BR25



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