



## Donation Form

### Donor Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Donation Information

I would like to make a donation in the amount of:

\_\_\_\$1000 \_\_\_\$500 \_\_\_\$250 \_\_\_\$120 \_\_\_\$60 \_\_\_\$35 \_\_\_Other Amount: \$\_\_\_\_\_

Please display my name on the public donor wall as: \_\_\_\_\_

☐ Please do not display my name on the donor wall.

### Payment Method

\_\_\_ Enclosed is my check payable to the **Alzheimer's Association®**

-OR-

Please charge my: \_\_\_Visa \_\_\_MasterCard \_\_\_American Express \_\_\_Discover

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

### Participant Information (donation on behalf of)

Event Name: \_\_\_\_\_ Event ID: 8481

Participant's Name: \_\_\_\_\_ Participant ID: 10399951

Team Name: \_\_\_\_\_ Team ID: \_\_\_\_\_

Mail this form and contribution to:

Thank you for your contribution!