

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 participant's 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: 2020 Walk - Indianapolis, IN Event ID: 13442

Participant's Name: Adam Alfeld Participant ID: 16935162

Team Name: Team CNO Team ID: 607395

Mail this form and contribution to:

Alzheimer's Association ATTN: Indianapolis Walk to End Alzheimer's

50 E. 91st Street

Suite 100

Indianapolis

IN

46240

Thank you for your contribution!