

## 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 - Pittsburgh, PA Event ID: 13810

Participant's Name: Mrs. Ruth Morris Participant ID: 2252540

Team Name: Morris Team ID: 603714

Mail this form and contribution to:

Attn: Pittsburgh Walk

2835 E Carson St.

Suite 200

Pittsburgh

PA

15203

Thank you for your contribution!