



## 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: 2021 Walk - Portland, ME Event ID: 14532

Participant's Name: Nicole Stinson BSN Participant ID: 19674020

Team Name: Legacy Legs at OceanView Team ID: 669567

Mail this form and contribution to:

Alzheimer's Association: Portland, ME Walk

200 EXECUTIVE BLVD

SUITE 4B

SOUTHINGTON

CT

06489

Thank you for your contribution!