



**Donor information**

\*First Name \_\_\_\_\_

\*Last Name \_\_\_\_\_

\*Address \_\_\_\_\_

\*Company \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

Phone \_\_\_\_\_ \*Email \_\_\_\_\_

**My donation supports:**

- Saturday, October 18      The District at Tustin
- Saturday, November 1      Huntington Beach
- Saturday, November 15      Angel Stadium of Anaheim

Check one of the following:  
*(credit individual walkers so they become eligible for incentive prizes!)*

\_\_\_\_\_ **An Individual Walker**

\*Name: \_\_\_\_\_

\_\_\_\_\_ **A General Team Donation**

\*Team Name: \_\_\_\_\_

\_\_\_\_\_ **A General Donation to Walk to End Alzheimer's**

**Donation information**

*(Make all checks payable to the Alzheimer's Association)*

I would like to make a Cash | Credit | Check donation  
in the amount of:

\_\_\_ \$200 \_\_\_ \$100 \_\_\_ \$50 \_\_\_ \$25 \$ \_\_\_\_\_ Other (Please list amount)

Please charge my \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard  
\_\_\_\_\_ American Express \_\_\_\_\_ Discover

CC #: \_\_\_\_\_ Exp. date: \_\_\_\_\_

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

*Use this form to gather donations from family and friends.  
Mail to: Alzheimer's Association,  
2515 McCabe Way, Irvine, CA 92614*

*Please allow 7-10 business days for these documents to be processed and  
posted to your Walk website.*

**800.272.3900**

**www.alz.org/walk**

