

## DONATION FORM

### Donor Information

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Donation Information

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

\$1000    \$500    \$250    \$120    \$60    \$35    Other: \$ \_\_\_\_\_

Please display my name on the walker'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: \_\_\_\_\_

CVV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

### Participant Information (donation on behalf of)

Event Name (Walk Location): \_\_\_\_\_

Participant Name: \_\_\_\_\_

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

#### Office Use Only

Event ID: \_\_\_\_\_

Participant ID: \_\_\_\_\_

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

**Return to:**