

DONATION FORM



Donor Information

First name _____ Last name _____

Billing address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

☐ My mailing address is the same as my billing address

Mailing address _____

City _____ State _____ ZIP _____

Donation Information

☐ Enclosed is my cash donation.

☐ Enclosed is my check payable to **Alzheimer's Association**.

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

☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$120 ☐ \$60 ☐ \$35 ☐ Other (please list amount) \$ _____

Please charge my ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Credit card number _____ Exp _____

Signature _____ Today's date _____

☐ My company has a matching gift program. Company name _____

Participant Information (please complete as fully as possible)

I am supporting (**circle one**):

A. A specific participant

B. A specific team

C. Walk to End Alzheimer's through a general donation

Participant's first name _____ Last name _____

Team name _____

Walk location (**city, state**) _____

Mail Check to:

Alzheimer's Association
3415 S Sepulveda Blvd #500
Los Angeles, CA 90034

*The Alzheimer's Association is a 501(c)3 organization;
(tax ID # 13-3039601).*

For Chapter Staff Use Only:

Event ID _____

Participant ID _____

Team ID _____