



Walk to End Alzheimer's® Cash Donation Receipt

Donor Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Phone: _____
Email: _____
Donation Amount: _____

Participant/Team Name: _____

Tax ID #13-3039601
Organized under IRS 501(c)(3)

Thank you for your generous support!

Questions? Contact the Alzheimer's Association at [insert chapter phone number and email address].



Walk to End Alzheimer's® Cash Donation Receipt

Donor Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Phone: _____
Email: _____
Donation Amount: _____

Participant/Team Name: _____

Tax ID #13-3039601
Organized under IRS 501(c)(3)

Thank you for your generous support!

Questions? Contact the Alzheimer's Association at [insert chapter phone number and email address].