



Walk to End Alzheimer's® Cash Donation Receipt*

Donor Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone**: _____

Email ***: _____

Donation Amount: _____

Walk Name and Location: _____

Participant/Team Name: _____

Tax ID #13-3039601

Organized under IRS 501(c)(3)

*By providing this information, you acknowledge and consent to the terms of the Association's Privacy Policy (alz.org/security-and-privacy-policy). **By entering your mobile number, you will be opted in to receive text message updates from the Alzheimer's Association and stay involved in the fight to end Alzheimer's. You will be able to opt-out of these messages at any time. See our Privacy Policy. ***Yes, I would like to receive email from the Alzheimer's Association.

Thank you for your generous support!

Questions? Contact the Alzheimer's Association® at



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