



Donation Form

Donor information (person making the donation)

First Name _____ Last Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number; _____ Email Address _____

Donation information

I would like to make a donation in the amount of: \$1000 \$500 \$120 \$60 \$35
Other (Please list amount): \$ _____

Enclosed is my check payable to the **Alzheimer's Association**[®]

Please charge my Visa MasterCard American Express

Credit card number: _____

Expiration date: _____

Signature: _____

Today's date: _____

Participant information (please complete as fully as possible)

I am supporting (**Circle One**)

- A.** A specific walker
- B.** A general donation to a team
- C.** A general donation to Walk

Walker's First Name _____ Last Name _____

Walker's Address: _____

Walker's City: _____ State: _____ Zip: _____

on (**team name**) _____ who is participating in
the (**city, state**) _____ Walk.

If you or someone you know needs information, referrals or support regarding Alzheimer's disease please call the Alzheimer's Association 24/7 Nationwide Helpline at 800.272.3900 or visit alz.org.