



Donation Form

Donor Information*

First Name: _____ Last Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone number**: _____ Email Address: _____

**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 (alz.org/security-and-privacy-policy).*

Donation Information

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

__ \$1000 __ \$500 __ \$250 __ \$120 __ \$60 __ \$35 __ Other Amount: \$ _____

Please display my name on the public donor wall as: _____

☐ Please do not display my name on the donor wall.

Participant Information (donation on behalf of)

Event Name: 2025 Walk - Circleville, OH Event ID: 18804

Participant's Name: Kathleen Hager Participant ID: 14322993

Team Name: OhioHealth Team ID: 944608

Mail this form and contribution to:

Alicia Billman

5200 Upper Metro Place

Suite 170

Dublin

Ohio

43017

Payment Method

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

-OR-

I authorize using the information below to charge my credit card the above amount:

__ Visa __ MasterCard __ American Express __ Discover

Credit card number: _____

Expiration date: _____ Today's date: _____

Signature: _____

Thank you for your contribution!