

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**) _____

For Chapter Staff Use Only:

Event ID _____

Participant ID _____

Team ID _____