

Half Marathon Donation Form

I am willing to help Dr. Don Graves reach his goal of \$13,100!

Donor Information

Name _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

E-Mail Address: _____

____ Yes! I would like you to e-mail me additional information about the Alzheimer's Association.

Donation Information

I would like to make a donation in the amount of: \$200 \$100 \$50 Other

Please keep my donation anonymous

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: _____

Return Completed Form To: Alzheimer's Association
Attn: Don Graves Run
1528 Chapala Street, Suite 204
Santa Barbara, CA. 93101

Please call our office at 805.892.4259 if you have any questions.

If you or someone you know needs information, referrals or support regarding Alzheimer's disease please call the Alzheimer's Association 24-hour Contact Center at 1.800.272.3900 or e-mail: info@centralcoastalz.org.