

**Annual Fund Donation Form**

**Providing Help – Promoting Hope**

The Alzheimer's Association of Greater Cincinnati offers critical services and programs to more than 40,000 individuals living with Alzheimer's disease and related dementias, their families and caregivers in the Tri-state region.

Contributions to our Annual Fund will enable us to:

- Respond to more than 5,000 callers annually to the Chapter's Helpline
- Educate and support thousands of caregivers through more than 350 Chapter programs and presentations each year
- Keep many of our programs free of charge to families and affected individuals

By making a donation or pledge today, you share in our mission of support.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**YES, I will donate to the Alzheimer's Association of Greater Cincinnati Annual Fund:**

My check/money order for \$ \_\_\_\_\_ is enclosed. Check #: \_\_\_\_\_  
*(Please make check or money order payable to: Alzheimer's Association.)*

Please charge \$ \_\_\_\_\_ to:  Visa  MasterCard  Discover  American Express  
Credit Card #: \_\_\_\_\_  
Exp: \_\_\_\_\_ / \_\_\_\_\_ Name on card: \_\_\_\_\_  
Signature: \_\_\_\_\_

**I would prefer to pledge a gift of \$ \_\_\_\_\_ to the Annual Fund.**

Schedule Payments: *(check appropriate box)*  Monthly  Quarterly  Semi-Annually  Annually

Amount to Bill: \$ \_\_\_\_\_ Beginning: \_\_\_\_\_ *(month/year)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other:**

- \_\_\_\_\_ I do not wish my gift to be publicly acknowledged.
- \_\_\_\_\_ I would like to receive the Chapter newsletter.
- \_\_\_\_\_ Please send me information about including the Alzheimer's Association in my estate planning.

**Please mail completed form with donation to:  
Alzheimer's Association of Greater Cincinnati  
644 Linn Street, Suite 1026  
Cincinnati, OH 45203  
Fax: 513-345-8446**