



Nationally presented by Genworth Financial

I want to support the Alzheimer's Association of Greater Cincinnati by donating to Memory Walk.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Enclosed is my donation of:

- Donation amount options: \$200, \$100, \$50, \$25, Other: \$ _____

Payment Method:

Check/Money Order # _____ is enclosed. (Payable to: Alzheimer's Association)

Please charge my donation to: VISA MasterCard Discover American Express

Credit Card #: _____

Exp: ____ / ____ Name on card (please print): _____

Signature: _____ Date: _____

Thank you so much for your contribution! Please mail or fax this form with payment to:

Alzheimer's Association of Greater Cincinnati
644 Linn Street, Suite 1026
Cincinnati, OH 45203
FAX: 513-345-8446