




Nationally presented by  
**Genworth Financial** 

## WALKER DONATION FORM

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

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

\_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

| Donor Name<br>(please print) | Address | Amount<br>Donated | Cash | Check | Amount<br>Received |
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Please make checks payable to the Alzheimer's Association. Feel free to copy this Walker Donation Form if you need additional space or call your local chapter office for extra copies.

Please bring your completed form with your donations with you on walk day. Or you can drop them off prior to the walk at your local chapter office during regular business hours. If you have questions, please call the office.

I hereby waive all claims against the Alzheimer's Association, sponsors or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

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