

Support me as I participate in the 2009 Polar Plunge!

Plunger's Name: _____

Yes! I will make a contribution to the Alzheimer's Association of Colorado.

\$250 \$100 \$50 \$25 Other: \$_____

Please make your check payable to Alzheimer's Association of Colorado

Donor information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Thank you for your contribution!

Please mail this form and your check to:

Alzheimer's Association
455 Sherman Street, Suite 500
Denver, CO 80203

