

Support me as I participate in the 2011 Polar Plunge!

Plunger's Name: \_\_\_\_\_

Yes! I will make a contribution to 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

