

Contribution Form

Registration 9:00am Walk Begins 10:00am

Make checks payable to the Alzheimer's Association Connecticut Chapter. Please bring this form when you turn in contributions on event day.

Copy this form for additional donations.
 Donate online: www.alz.org/ct

Name _____

Team name _____

Walk location _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ Phone (Evening) _____ E-mail _____

My fund-raising goal _____

Contributor Names	Check #	Donation Amount Received
1. <i>Kick off your fund-raising efforts by making the first donation!</i>		\$ _____
2.		
3.		
4.		
5.		
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15.		
16.		
17.		
18.		
19.		

Online Donations
 \$ _____

Total Donations
 \$ _____

Subtotal _____
Matching gift _____
Total enclosed _____
Office use only _____

Matching gifts could double your money!

Registration Form

You can also register online at www.alz.org/ct (Preferred)

Visit our website to print the Walker/Team Member Contribution Form or call 860-828-2828 for more information.

Walk location

I am a team captain team member individual

Team name

My goal is to raise \$_____ to help end Alzheimer's disease.
 (The recommended minimum goal is \$200.)

All participants who raise \$100 will receive a Memory Walk T-shirt.

First name

Last name

Address

City

State Zip

Phone (Day)

Phone (Evening)

E-mail address

Company name

Job title

Yes, my company has a matching gifts program.

Please help the Alzheimer's Association better serve our community by completing the following:

Gender Male Female

Birthdate

Choose one African-American/Black American Indian/Alaskan Native Asian Caucasian/White Hispanic/Latino Pacific Islander Other _____

T-shirt size Medium Large X-Large XX-Large

How did you hear about us? Chapter mailing Web site Family Friend Past participant Work colleague TV/radio/print ads Other _____

Please choose the closest affiliation you have to Alzheimer's disease:

- I have/had a family member with Alzheimer's disease
- I am a caregiver for someone with Alzheimer's disease
- I have a friend with Alzheimer's disease
- I have been diagnosed with Alzheimer's disease
- I do not know anyone with Alzheimer's disease

I am interested in information about:

- Joining the Memory Walk steering committee
- Advocating for people affected by Alzheimer's
- Other volunteer opportunities with the Alzheimer's Association
- Including the Alzheimer's Association in my will, trust or estate plan
- More information about Alzheimer's disease
- Other _____

Enclosed is my personal donation of: \$200 \$100 \$50 \$25 Other _____

To make a credit card donation, please go online: www.alzct.org (Click on the Memory Walk Link)

Please donate the value of any of my fund-raising prizes back to the Alzheimer's Association. Yes No

Assumption of Risk, Release and Permission

In consideration of being allowed to participate in Memory Walk, I hereby expressly assume all risks of personal injury, death or property loss arising in any way out of my participation. I represent that I am physically fit and able to participate in this event. I hereby release and agree not to sue Alzheimer's Association, its chapters, their respective officers, directors, volunteers, employees, sponsors and agents, from or in connection with any and all liability and claims arising out of my participation in this event. I grant full permission to the organizers of this event to use and publish my name and image as a participant in photographs, video or other recordings.

Signature _____

Date _____

(parent or guardian's signature, if walker is under 18 years of age)