

# Champions pledge program

name \_\_\_\_\_

address \_\_\_\_\_

city, state, zip \_\_\_\_\_

email \_\_\_\_\_ phone \_\_\_\_\_

I would like to make my generous donation in full at this time.

My check in the amount of \$\_\_\_\_\_ is enclosed.

I would like to make my payments by personal check.

I would like to make my payments by credit card:  VISA  MC

CC# \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please check your pledge amount and payment schedule. **thank you.**

| \$200 | \$500 | \$1000 | \$2500 | \$5000 | \$10,000 |
|-------|-------|--------|--------|--------|----------|
|-------|-------|--------|--------|--------|----------|

|  |  |  |                                 |                                 |                                 |
|--|--|--|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> 1 year<br>(quarterly) | <input type="checkbox"/> 1 year<br>(quarterly) | <input type="checkbox"/> 1 year<br>(quarterly) | <input type="checkbox"/> 1 year | <input type="checkbox"/> 1 year | <input type="checkbox"/> 1 year |
|--|--|--|---------------------------------|---------------------------------|---------------------------------|

|  |  |   |                                  |                                  |                                  |
|--|--|---|----------------------------------|----------------------------------|----------------------------------|
|  |  | <input type="checkbox"/> 2 years<br>(quarterly) | <input type="checkbox"/> 2 years | <input type="checkbox"/> 2 years | <input type="checkbox"/> 2 years |
|--|--|---|----------------------------------|----------------------------------|----------------------------------|

|  |  |  |                                  |                                  |                                  |
|--|--|--|----------------------------------|----------------------------------|----------------------------------|
|  |  |  | <input type="checkbox"/> 3 years | <input type="checkbox"/> 3 years | <input type="checkbox"/> 3 years |
|--|--|--|----------------------------------|----------------------------------|----------------------------------|

|  |  |  |                                  |                                  |                                  |
|--|--|--|----------------------------------|----------------------------------|----------------------------------|
|  |  |  | <input type="checkbox"/> 4 years | <input type="checkbox"/> 4 years | <input type="checkbox"/> 4 years |
|--|--|--|----------------------------------|----------------------------------|----------------------------------|

|  |  |  |                                  |                                  |                                  |
|--|--|--|----------------------------------|----------------------------------|----------------------------------|
|  |  |  | <input type="checkbox"/> 5 years | <input type="checkbox"/> 5 years | <input type="checkbox"/> 5 years |
|--|--|--|----------------------------------|----------------------------------|----------------------------------|

|  |  |  |  |  |                                  |
|--|--|--|--|--|----------------------------------|
|  |  |  |  |  | <input type="checkbox"/> 6 years |
|--|--|--|--|--|----------------------------------|

|  |  |  |  |  |                                  |
|--|--|--|--|--|----------------------------------|
|  |  |  |  |  | <input type="checkbox"/> 7 years |
|--|--|--|--|--|----------------------------------|

|  |  |  |  |  |                                  |
|--|--|--|--|--|----------------------------------|
|  |  |  |  |  | <input type="checkbox"/> 8 years |
|--|--|--|--|--|----------------------------------|

|  |  |  |  |  |                                  |
|--|--|--|--|--|----------------------------------|
|  |  |  |  |  | <input type="checkbox"/> 9 years |
|--|--|--|--|--|----------------------------------|

|  |  |  |  |  |                                   |
|--|--|--|--|--|-----------------------------------|
|  |  |  |  |  | <input type="checkbox"/> 10 years |
|--|--|--|--|--|-----------------------------------|

**Please note:**  
If you have chosen a credit card or check as your payment method, we will remind you when payments are due.

alzheimer's  association®

Central and Western Virginia Chapter

Please mail your donation to

674 Hillsdale Drive, Suite 1, Charlottesville VA 22901

ALZ.ORG/CWVA CALL 800-272-3900

Privacy: Your information will be used only by the Alzheimer's Association Central and Western Virginia Chapter.

