

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

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

| | | | | | |
|--|--|--|-------------------------------|-------------------------------|-------------------------------|
| | | | <input type="radio"/> 3 years | <input type="radio"/> 3 years | <input type="radio"/> 3 years |
| | | | <input type="radio"/> 4 years | <input type="radio"/> 4 years | <input type="radio"/> 4 years |
| | | | <input type="radio"/> 5 years | <input type="radio"/> 5 years | <input type="radio"/> 5 years |

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

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

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

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

| | | | | | |
|--|--|--|--|--|--------------------------------|
| | | | | | <input type="radio"/> 9 years |
| | | | | | <input type="radio"/> 10 years |

alzheimer's  association®

Central and Western Virginia Chapter

Please mail your donation to

1160 Pepsi Pl., Suite 306, Charlottesville VA 22901

ALZ.ORG/CWA CALL 800-272-3900

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