



# cares society

## pledge donation form

Corporation or Foundation Name: \_\_\_\_\_

Donor/Contact Name: \_\_\_\_\_

Donor address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Donor/Contact Email: \_\_\_\_\_

**Yes! I would like to be a member of the CARES Society.**

I pledge my support in the amount of: \$2,500    \$5,000    \$10,000    Other \$ \_\_\_\_\_  
to the Alzheimer's Association.

This pledge will be paid in full upon receipt of gift confirmation.

**Or**

This pledge will be paid over

1 year      through quarterly installments of \$ \_\_\_\_\_

2 years      through quarterly installments of \$ \_\_\_\_\_

3 years      through quarterly installments of \$ \_\_\_\_\_

(3 years available for major gifts of \$20,000 or more)

***The Alzheimer's Association may wish to thank and publicly acknowledge your support as directed below:***

Please list my name as \_\_\_\_\_ in printed recognition materials.

Please do not use my name in printed recognition materials; I prefer this gift remain anonymous.

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed pledge form to Kelly Hauer, Executive Director by mail, fax or email.**

Mailing Address: Alzheimer's Association, 1570 42<sup>nd</sup> Street NE, Cedar Rapids, Iowa 52402

Fax Number: 319.294.0068

Email Address: Kelly.Hauer@alz.org