



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 42nd Street NE, Cedar Rapids, Iowa 52402

Fax Number: 319.294.0068

Email Address: Kelly.Hauer@alz.org