



**WALKER DONATION FORM**

Name \_\_\_\_\_ Team Name: \_\_\_\_\_

Mailing Address: (please include city and zip code) \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Donor Name (please print)	Address	Amount Donated	Cash	Check	Received

Please make checks payable to the Alzheimer’s Association. Feel free to copy this Walker Donation Form if you need additional space.

Please bring your completed form with you on walk day. Or you can drop them off prior to the walk at your local chapter office during regular business hours. If you have any questions, please call the office.

I hereby waive all claims against the Alzheimer’s Association, sponsors or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Signature \_\_\_\_\_