



JOIN THE CIRCLE OF HOPE

YES I/we want to be a part of Alzheimer's Association of the Great Plains **Circle of Hope** to support research and compassionate local support for people with Alzheimer's.

Enclosed is my gift of:
\$250.00 (\$50 will go toward research)
Other \$ _____

Charge my gift to ___ Visa ___ MasterCard
Acct # _____
Expiration Date _____
Signature _____

Name (as you wish to be recognized)

Name of the person this gift honors or remembers

Address _____

City _____ State _____ Zip _____

Phone
(home) _____ (work) _____

E-Mail
Address _____

**Please make checks payable to the
Alzheimer's Association-Great Plains Chapter
5601 S. 27th St., Ste. 201
Lincoln, NE 68512**