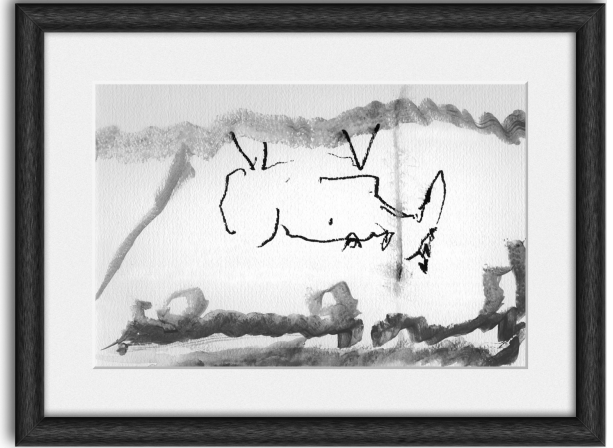


Reasons to Hope Breakfast

"Bud the Horse" by Peggy, an Alzheimer's patient.



alzheimer's association®

alzheimer's association®

Greater Richmond Chapter

www.alz.org/grva

24 hour Helpline: 1-800-272-3900

YOUR GIFT MAKES A DIFFERENCE!

\$5,000 supports a half-day conference for caregivers

\$2,500 supports one month of the 24/7 Helpline

\$1,000 funds one respite scholarship for a caregiver

\$500 funds 20 hours of care consultations

\$250 registers five people in MedicAlert® + Alzheimer's Association Safe Return®

Thank you for providing Chapter area families a Reason to Hope in the fight against Alzheimer's. The Alzheimer's Association Greater Richmond Chapter is a tax-exempt 501(c)(3) charitable organization.

Payment:

- Check enclosed payable to Alzheimer's Association.
- Charge my VISA/MC/AMEX/Discover (circle one) to fulfill my pledge indicated above.

Please print:

NAME ON CARD _____

CARD # _____

EXP ____/____ CVV# (your 3 or 4-digit security code) _____

- Please contact me about paying my pledge with stock.
- My company has a matching gift program.

MULTI-YEAR GIVING SOCIETY

- Gift of \$5,000 per year for 5 years = \$25,000
- Gift of \$2,500 per year for 5 years = \$12,500
- Gift of \$1,000 per year for 5 years = \$5,000
- Gift of \$500 per year for 5 years = \$2,500
- Gift of \$250 per year for 5 years = \$1,250

OTHER WAYS TO CONTRIBUTE

- I will pledge \$ _____ per year for ____ years.
- I will increase my existing pledge commitment by \$ _____ per year.
- I will make a one-time gift today in the amount of \$ _____.
- My pledge payment is enclosed.

SIGNATURE _____

Please print:

NAME _____

STREET/P.O. BOX _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ EVENING PHONE _____

E-MAIL _____

My gift is in honor/memory of (optional): _____

Please contact me about:

- joining our Founders Society
- I have other thoughts to share
- volunteering
- being a table host for 2012