

11/14/2008

alzheimer's association®

DONATION FORM

Authorization Form For Checking, Savings, or Credit Card

Name: _____

Street: _____

City/State/Zip: _____

Daytime Telephone Number: (_____) _____

Please enter the amount to be deducted from your account:

\$_____ Monthly (the 10th or 20th or 30th – circle one)

\$_____ Quarterly (January, April, July, October – circle month to begin)

\$_____ Annual (January 1st or July 1st – circle month to begin)

Begin electronic contributions on this date:

Circle Credit Choice: Visa Mastercard Discover American Express

Zip code where credit statement is mailed: _____

Name on credit card: _____

Type of Account (please circle one)

Checking account (please attach a voided check)

Savings account (please attach a savings deposit slip)

I authorize the Alzheimer's Association Louisiana Chapter to process entries from my checking, savings or credit card noted above. This authority will remain in effective until I give a 30 days written notice to terminate this authorization.

Authorized Signature on Account: _____

Date: _____

If you have questions regarding EFT donations, please contact Faye Simpson at 318-619-8383 or louisianinfo@alz.org. Print and mail to 3717 Government Street, Ste 7, Alexandria LA 71302.

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