

1/13/2009

alzheimer's association®

MEMORIAL 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:

- \$_____ One time amount
- \$_____ 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 check one)

- Checking account (please attach a voided check)
- Savings account (please attach a savings deposit slip)

Please designate my gift:

In honor of _____ In Memory of _____

Please notify:

Name _____
Address _____ City _____ State _____ Zip _____

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 louisianainfo@alz.org. Print and mail to 3717 Government Street, Ste 7, Alexandria LA 71302.

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