



TOUR DE CANAL 2009 RIDER DONATION FORM

Thank you for your donation!
Please fill out one form per donation

Name of Rider You Are Sponsoring _____

Donor First Name: _____ Donor Last Name: _____

Donor Organization Name (if applicable): _____

Donor Address: _____ Apt.No. _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PAYMENT OPTIONS: _____ **Check** _____ **Credit Card**

Check: Please make checks payable to: Alzheimer's Association, NCA

In the Memo Line: Please include rider name and the initials "TDC"

Credit Card: _____ **VISA** _____ **MasterCard** _____ **American Express**

Amount \$ _____

Print name as it appears on credit card: _____

Account Number: _____ Exp. Date: _____

Signature: _____

Please mail form with payment to: Alzheimer's Association, National Capital Area
Tour de Canal
3701 Pender Drive, Suite 400
Fairfax, VA 22030

Or fax form with credit card info to: (703) 359-4441

Questions? Call toll-free (800) 728-9255

I do not wish to receive future mailings from the Alzheimer's Association

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