

Fulfilling Our Mission; Serving Our Community

Name _____

Address _____ Phone _____

Please designate my donation:

In memory of _____

In honor of _____

Your gift will be acknowledged to the person or family you designate.

Please notify: Name _____

Please use my contribution for: _____

Please make your check payable to the Alzheimer's Association (write "Year-End Appeal" in the memo line) or charge to your credit card

\$1000 \$500 \$250 \$100

\$50 \$25 Other \$ _____

We honor Master Card Visa

Amount \$ _____ Exp. Date _____

Account # _____

Signature _____

(required if using credit card)

Year-End Appeal