

alzheimer's association®

Oregon Chapter

Become A Supporter

Enclosed is my tax-deductible contribution of:

\$500 \$250 \$100 \$50 \$35 Other_____

Check Enclosed (Payable to Alzheimer's Association)

Visa MasterCard Card #_____

3 digit security code _____

Signature_____ Expiration Date: ____/____

Donor Name (please print)_____

Address_____ City_____

State_____ Zip_____

Phone_____ Email _____

My gift is given:

To support the mission of the Alzheimer's Association

In memory of _____

In honor of _____

Name & Address of person to notify of gift:

*Name (please print)*_____

*Address*_____ *City*_____

*State*___ *Zip*_____

Please send me information about:

The services of the Alzheimer's Association

Volunteer opportunities

Estate Planning/Planned Giving

My employer has a matching gift program

Please return to:

Alzheimer's Association • 1650 NW Naito Parkway, Suite.190

Portland, OR 97209

Or email to: tracy.madsen@alz.org

Thank you for your gift that supports programs in Oregon.