



## Statement of In-Kind Donation

The Alzheimer's Association gratefully acknowledges your generous in-kind support!

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Description of Donation: \_\_\_\_\_

Your Estimated Value of Donation: \_\_\_\_\_

Signed: \_\_\_\_\_

(Donor and/or Company Representative)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Oregon Chapter Tax ID #93-0813252

### For Completion by Office

Received By: \_\_\_\_\_

(Alzheimer's Association Representative)

(Date)

Office Location: \_\_\_\_\_

Acknowledged: \_\_\_\_\_

(Date)

Alzheimer's Association, Oregon Chapter

1650 NW Naito Parkway, Suite 190

Portland, OR 97209

503.416.0201 ~ 800.272.3900 (Toll Free) ~ 503.416.0199 (Fax)

[www.alz.org/oregon](http://www.alz.org/oregon)

Please make a copy for your records before mailing to Chapter.