



# Donation Form

## Donor information (person making the donation)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address \_\_\_\_\_

## Donation information

I would like to make a donation in the amount of: \_\_\_\$200 \_\_\_\$100 \_\_\_\$50  
\$ \_\_\_\_\_ Other (Please list amount)

\_\_\_ Enclosed is my check  
(payable to the **Alzheimer's Association -Southeastern Wisconsin Chapter**)

Please charge my \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

## Participant information (please complete as fully as possible)

Walker's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Walker's Address: \_\_\_\_\_

Walker's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

on **(team name)** \_\_\_\_\_ who is participating in

the **(city, state)** \_\_\_\_\_ Walk.

Return completed form to:

Walk to End Alzheimer's  
Alzheimer's Association – Southeastern Wisconsin Chapter  
620 S. 76<sup>th</sup> Street #160  
Milwaukee, WI 53214

*If you or someone you know needs information, referrals or support regarding Alzheimer's disease please call the Alzheimer's Association 24/7 Nationwide Helpline at 1.800.272.3900 or visit [www.alz.org](http://www.alz.org).*