



Feel free to make copies as needed for participants. For a pdf version of this form, please contact Patricia Chapman at patricia.chapman@alz.org.

TEAM DONATION FORM

For donations to support a WALK TO END ALZHEIMER'S participant, team or make donations ONLINE!
www.alz.org/swmo.

Participant Contact Information

I am supporting (name of walker) _____

on (team name) _____

Donor Contact Information

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

E-mail Address: _____

Yes! I would like you to e-mail me additional information about the Alzheimer's Association.

Donation information

I would like to make a donation in the amount of: \$200 \$100 \$50 \$25 ____ Other

My donation is in Honor Memory of (name of person) _____

Please keep my donation anonymous

Payment Information

Cash \$ _____

Enclosed is my check payable to the **Alzheimer's Association: Check #** _____

Credit Card: Please charge my Visa MasterCard American Express

Credit card # _____ Exp. date: _____

Card Holder's Signature: _____

Today's date: _____

Make Donations ONLINE! Visit www.2011walktoendalz.kintera.org/springfieldmo

Return completed form, Cash and Checks to:

Alzheimer's Association Southwest Missouri Chapter

Attn: 2011 Walk to End Alzheimer's

1630 W Elfindale | Springfield, MO 65807

800-272-3900 Phone 417-226-0337 Fax

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/swmo