

Donation Form

Donor information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

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 ___ Other \$ _____

My (our) donation is:

In honor of: _____

In memory of: _____

Other: _____

Please send an acknowledgement to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

____ Please keep my donation anonymous

____ Please address acknowledgement "from": _____

____ Enclosed is my check payable to the **Alzheimer's Association**

Please charge my: _____ Visa _____ MasterCard _____ American Express _____ Discover

Name on card: _____

Credit card number: _____ Expiration date: _____

Signature: _____ Today's date: _____

Return completed form via:

FAX: (512) 241-0430

EMAIL: TXprograms@txalz.org

MAIL: Alzheimer's Association
3429 Executive Center Dr., Ste 100
Austin, TX 78731