

Application for a Special License Plate

Please Print or Type:

INDIVIDUAL APPLICATION:

Name: _____

Address: _____

City: _____ County: _____ Zip: _____

Email _____

Phone(s): _____

_____ I would like my Certification statement emailed to me.

_____ I would like my Certification statement mailed to me.

I am applying for the following special license plate:

Alzheimer's Disease Awareness

ORGANIZATION OR GROUP APPLICATION:

Name: Alzheimer's Association – Central and Western Kansas

Address: 1820 E. Douglas Ave

City: Wichita State: KS Zip: 67214 County: Sedgwick

Donation Option:

If 500 applications are not collected to meet the minimum required by the state for issuance of a specialty Alzheimer's license plate, you may have the option to designate your \$30.00 fee as a general donation to the Alzheimer's Association for the Alzheimer's disease awareness in Kansas. You will receive an acknowledgement if this occurs.

_____ Yes, I wish to make this a \$30.00 donation to the Alzheimer's Association if the campaign to collect 500 Alzheimer's specialty plate applications is not successful.

_____ No, please return my deposit if the campaign to collect 500 Alzheimer's specialty place applications is not successful.

Signature: _____

Date: _____