

alzheimer's association™

Greater Richmond Chapter

CONTRIBUTION FORM

YES, I would like to help the Alzheimer's Association - Greater Richmond Chapter meet the needs of our community! *Gifts of stock are welcomed; please contact the Chapter Office at 804-967-2580.*

\$750 \$500 \$250 \$100 \$75 \$50 Other \$ _____

Name _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Method of Payment

Check made payable to the Alzheimer's Association is enclosed.

Please charge: VISA MasterCard American Express Discover

Credit Card # _____ Expiration Date _____

CVV Nos. (3 numbers on back of card) _____

Cardholder Name Printed _____

Signature _____

Designate my Donation

In memory of _____

In honor of _____

Please notify: Name _____

Address _____

City _____ State _____ Zip _____

This gift will be matched by my employer _____
Please contact your human resources manager regarding necessary paperwork.

Please send additional information about services offered by the Chapter.

Please send information on including the Alzheimer's Association - Greater Richmond Chapter in my will.

Mail Form To: Alzheimer's Association Greater Richmond Chapter
4600 Cox Road, Suite 130
Glen Allen, VA 23060

If paying by credit card, form may be faxed to 804-967-2588 or e-mailed to ffoster@alz.org.

*Until this disease is conquered, those who are affected with Alzheimer's, as well as their families and friends, will continue to need all the assistance and support we can provide. Your gift makes a difference. **THANK YOU.***