

DONATION FORM

Please PRINT or TYPE all information clearly

Date: _____

Enclosed is my check in the amount of \$ _____, payable to the Alzheimer's Association.

**For safety reasons, please do not send cash via mail. Instead ask your local bank to issue a cashier's check for the total cash amount.*

Donor Name: _____

Address: _____ Phone: (_____) _____
(Select one: Home/Work/Mobile)

City/State/ZIP: _____
(Receipt will be sent to the address above.)

Email Address: _____

I would like my donation to remain anonymous. Yes No

TYPE OF DONATION (please choose only one):

General Donation

Gift in Memory or Honor of: _____
(Circle One) (Name of Individual)

Please notify:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like your gift to be recognized? _____
(Name or Names)

Gift Purpose: *Please select from the following options*

Walk to End Alzheimer's®. Location/Walker/Team Name: _____

RivALZ (Blondes vs. Brunettes Twin Cities®). Participant/Team Name: _____

The Longest Day®. Participant/Team Name : _____

ALZ Stars. Participant Name: _____

Third Party Event. Event Name/Location: _____

Other: (Please specify) _____

Other Instructions: _____

For Gifts pertaining to the following, contact the main office at 952.830.0512.

Annual Gala
Reason to Hope

Conference
Gifts in Kind

Credit Card Donations
Stock Contributions

Wills/Bequests

Thank you for your support

The Alzheimer's Association is a 501(c)(3) organization. Your donation is tax-deductible to the fullest extent allowed by law.