

## Donation Form

### Donor Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Donation Information

I would like to make a donation in the amount of:

\_\_\_\$1000 \_\_\_\$500 \_\_\_\$250 \_\_\_\$120 \_\_\_\$60 \_\_\_\$35 \_\_\_Other Amount: \$\_\_\_\_\_

Please display my name on the participant's public donor wall as: \_\_\_\_\_

Please do not display my name on the donor wall.

### Payment Method

\_\_\_ Enclosed is my check payable to the **Alzheimer's Association®**

-OR-

Please charge my: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Discover

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

### Participant Information (donation on behalf of)

Event Name: 2021 Walk - Grand Rapids, MI Event ID: 14538

Participant's Name: Elizabeth Fifield Participant ID: 18427168

Team Name: Cornerstone Retirement Partners Team ID: 675866

Mail this form and contribution to:

Alzheimer's Association: Grand Rapids, MI Walk

25200 TELEGRAPH RD

SUITE 100

SOUTHFIELD

MI

48033

Thank you for your contribution!