



DONATION FORM

Date: _____

First Name: _____ Last Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email address: _____

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

___\$1,000 ___\$500 ___\$250 ___\$120 ___\$60 ___\$35 Other: \$ _____

Payment Method

___ Enclosed is my check **payable to: Alzheimer's Los Angeles**

-OR-

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

Credit card number: _____

Expiration date: _____ Security code: _____

Signature: _____ Date: _____

___ **This gift is in Honor / Memory (circle one) of:** _____
(Name of person)

Please send notification to:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

*If you would like a personal message sent, please include it on the back of this form.

Mail this form and contribution to:

Alzheimer's Los Angeles
4221 Wilshire Blvd, Suite 400
Los Angeles, CA 90010

Thank you for your contribution!