



# DONATION FORM

**Thank you for your generosity!** Your gift stays 100% local and provides families facing Alzheimer's or another dementia with vital resources, like our helpline, support groups, and caregiver workshops. Together, we'll ensure no one faces Alzheimer's alone.

## DONOR INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

## DONATION DETAILS

I would like to make a ☐ **one-time donation** ☐ **monthly donation** in the amount of:

☐ **\$500**    ☐ **\$250**    ☐ **\$100**    ☐ **\$50**    ☐ **\$25**    ☐ **\$** \_\_\_\_\_

This gift is ☐ **in honor of** ☐ **in memory of (honoree)** \_\_\_\_\_

Please send notification to:

Recipient's First & Last Name \_\_\_\_\_

Recipient's Mailing Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Recipient's Email \_\_\_\_\_

*\*If you would like to include a personal note, please write it on the back of this form.*

Credit this gift to a specific fundraiser or fundraising team: \_\_\_\_\_

## PAYMENT INFORMATION

☐ My check payable to **Alzheimer's Los Angeles** for \$ \_\_\_\_\_ is enclosed.

☐ Please charge my ☐ **Personal Card** ☐ **Company Card** | **Company Name** \_\_\_\_\_

Credit Card # \_\_\_\_\_

☐ **Visa**    ☐ **MasterCard**    ☐ **American Express**    ☐ **Discover**

Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_ Today's Date \_\_\_\_\_

Authorization Signature \_\_\_\_\_

### Mail Completed Form to:

Alzheimer's Los Angeles  
2922 Crenshaw Blvd, Ste. 125  
Los Angeles, CA 90016

**For help or questions,** please contact us at  
323.930.6250 or [donate@alzla.org](mailto:donate@alzla.org).

Alzheimer's Los Angeles (EIN# 95-3718119) is a tax-exempt organization, and your donation may be tax-deductible within the guidelines of U.S. law as a charitable contribution.