## **BATTLE FOR THE BRAIN DONATION FORM Donor Information**



Name				-
Display Name for Recognition				-
Billing Address				_
City	State	Zip		_
Cell Phone	Email			_
PAYMENT INFORMA	ATION			
☐ Enclosed is my check payable	to Daughters Against Alz	heimer's in the am	ount of \$	
☐ Please charge my credit card associated with this transaction s				
Credit card number		cvv	Exp	
Signature			Date	
Yes, I will be attending the event. The charitable contribution.	purchase price in excess of the	fair market value of my	partnership shall be treated as a	
No, I will not be attending the event. I will be treated as a charitable contribu		fits offered at my giving	level and the full value of my ticke	et(s
will be treated as a chartable contribe				
I would like my contribution	to support one or mo	re of the followi	ng performance teams	:
Atlanta Falcons Cheerleaders	☐ Morgan Stanley	☐ SEEiT Cho	oir	
☐ Delta Air Lines	☐ RCG Ventures	☐ Tootsies		
☐ Dorsey Alston Realtors	Ryder	☐ Wesley Fr	anklin and Stronger Together	-
☐ Miller Zell	☐ SculptHouse	☐ General E	vent	
F	LEASE SEND A COPY OF	THIS FORM TO:		

**DAUGHTERS AGAINST ALZHEIMER'S** 3215 WOOD VALLEY ROAD, NW **ATLANTA, GA 30327** 

Daughters Against Alzheimer's is a non profit 501(c)3 Organization. The organization's tax ID is 83 1484206