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 so t			
Credit card number		CVV	Exp
Signature			Date
Yes, I will be attending the event. The charitable contribution.	purchase price in excess of the f	air market value of my p	partnership shall be treated as a
No, I will not be attending the event. I will be treated as a charitable contribution	do not wish to receive any benefi	ts offered at my giving l	evel and the full value of my ticket(s)
I would like my contribution	to support one or mo	re of the followi	ng performance teams:
☐ Atlanta Falcons Cheerleaders	☐ Miller Zell	☐ Steve Pen	ley and The SEEiT Choir
☐ Delta Air Lines	☐ Morgan Stanley	☐ Tootsies	
☐ Dorsey Alston Realtors	☐ RCG Ventures	☐ Wesley Fra	anklin and Stronger Together
☐ Fitness Influencers ATL	Ryder	☐ General E	vent
	PLEASE SEND A COPY	OF THIS FORM TO	O:
	DAUGHTERS AGAIN	ST ALZHEIMER'S	

Daughters Against Alzheimer's is a non-profit 501(c)3 Organization. The organization's tax ID is 83-1484206 **THANK YOU FOR YOUR GENEROUS SUPPORT!**

3215 WOOD VALLEY ROAD, NW ATLANTA, GA 30327