

BATTLE FOR THE BRAIN DONATION FORM

Donor Information



Name _____

Display Name for Recognition _____

Billing Address _____

City _____ State _____ Zip _____

Cell Phone _____ Email _____

PAYMENT INFORMATION

☐ Enclosed is my check payable to Daughters Against Alzheimer's in the amount of \$ _____

☐ Please charge my credit card \$ _____ ☐ *I'd like to cover the credit card processing fees (5%) associated with this transaction so that all of my donation goes directly to Daughters Against Alzheimer's.*

Credit card number _____ CVV _____ Exp _____

Signature _____ Date _____

☐ Yes, I will be attending the event. The purchase price in excess of the fair market value of my partnership shall be treated as a charitable contribution.

☐ No, I will not be attending the event. I do not wish to receive any benefits offered at my giving level and the full value of my ticket(s) will be treated as a charitable contribution.

I would like my contribution to support one or more of the following performance teams:

- | | | |
|---|---|--|
| <input type="checkbox"/> Atlanta Falcons Cheerleaders | <input type="checkbox"/> Miller Zell | <input type="checkbox"/> Steve Penley and The SEEiT Choir |
| <input type="checkbox"/> Delta Air Lines | <input type="checkbox"/> Morgan Stanley | <input type="checkbox"/> Tootsies |
| <input type="checkbox"/> Dorsey Alston Realtors | <input type="checkbox"/> RCG Ventures | <input type="checkbox"/> Wesley Franklin and Stronger Together |
| <input type="checkbox"/> Fitness Influencers ATL | <input type="checkbox"/> Ryder | <input type="checkbox"/> General Event |

PLEASE 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
THANK YOU FOR YOUR GENEROUS SUPPORT!