

DONATION FORM



Donor Information

First Name _____ Last Name _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

For Memorial Gifts, Please Fill Out the Following

This gift is in memory of _____

Please send an acknowledgement to _____

City _____ State _____ Zip _____

Message (optional) _____

Payment Information

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

_____ \$1,000 _____ \$500 _____ \$250 _____ \$100 _____ Other (Please list amount): \$ _____

_____ Enclosed is my check payable to **Daughters Against Alzheimer's**

For more information or to pay online by credit card, please visit DaughtersAgainstALZ.org.

I understand that I will not be receiving any benefits and the full value of my donation will be treated as a charitable contribution

PLEASE SEND A COPY OF THIS FORM WITH YOUR PAYMENT

Make all checks payable to Daughters Against Alzheimer's and mail to:

**DAUGHTERS AGAINST ALZHEIMER'S
ATTN: SUSAN WATSON
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 DONATION!