

Donation Form

Donor Information

First Name: _____ Last Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email Address: _____

Donation Information

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

__ \$1000 __ \$500 __ \$250 __ \$120 __ \$60 __ \$35 __ Other Amount: \$ _____

Please display my name on the participant's public donor wall as: _____

Please do not display my name on the donor wall.

Payment Method

___ Enclosed is my check payable to the **Alzheimer's Association®**

-OR-

Please charge my: ___ Visa ___ MasterCard ___ American Express ___ Discover

Credit card number: _____

Expiration date: _____

Signature: _____

Today's date: _____

Participant Information (donation on behalf of)

Event Name: 2022 Walk - Coachella Valley, CA Event ID: 15402

Participant's Name: Marlon Carrier Participant ID: 18804496

Team Name: GFWC Woman's Club of Indio Team ID: 752777

Mail this form and contribution to:

Alzheimer's Association: Coachella Valley, CA Walk

74020 Alessandro Drive

Suite A

Palm Desert

CA

92260

Thank you for your contribution!

<http://act.alz.org/goto/TeamWCI>

