



## Donation Form

### Donor information (person making the donation)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number; \_\_\_\_\_ Email Address \_\_\_\_\_

### Donation information

I would like to make a donation in the amount of: ☐ \$1000 ☐ \$500 ☐ \$250 ☐ \$100 ☐ \$25  
Other (Please list amount): \$ \_\_\_\_\_

☐ Enclosed is my check payable to [Alzheimer's San Diego](#)

Please charge my ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Participant information (please complete as fully as possible)

I am supporting (**Circle One**)

**A.** A specific walker

**B.** A general donation to a team

**C.** A general donation to Walk

Walker's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

on (**team name**) \_\_\_\_\_ who is participating in

the (**city**) \_\_\_\_\_ Walk.

**Please send donations to: Alzheimer's San Diego | 6632 Convoy Court, San Diego CA 92111**