



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: _____

CVC/CVV: _____

Signature: _____

Participant information (please complete as fully as possible)

I am supporting (**Circle One**)

A. A specific Rider

B. A Rides4ALZ Team

C. A general donation to SDRides4ALZ

Rider's First Name _____ Last Name _____

Rides4ALZ Team Name _____