

DONATION FORM



Donor Information

First name _____ Last name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Donation Information

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

\$1,000 \$500 \$250 \$100 \$50 \$25 Other (Please list amount): \$ _____

Enclosed is my check payable to the **Alzheimer's Association**[®].

Please mail to:

**Alzheimer's Association
Washington State Chapter
19031-33rd Ave W., Suite 301
Lynnwood, WA 98036**

Participant Information

Participant's first name BEA Last name BULL

Team name NARFE CHAPTER 181 BREMERTON, WA

Walk location (city, state) BREMERTON, WA

If you or someone you know needs information, referrals or support regarding Alzheimer's disease, please call the Alzheimer's Association 24/7 Helpline at 800.272.3900 or visit alz.org[®].