



## Donation Form

### Donor Information\*

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

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

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

Phone number\*\*: \_\_\_\_\_ Email Address: \_\_\_\_\_

*\*By providing this information, you acknowledge and consent to the terms of the Association's Privacy Policy ([alz.org/security-and-privacy-policy](http://alz.org/security-and-privacy-policy)).*

*\*\*By entering your mobile number, you will be opted in to receive text message updates from the Alzheimer's Association and stay involved in the fight to end Alzheimer's. You will be able to opt-out of these messages at any time. See our Privacy Policy ([alz.org/security-and-privacy-policy](http://alz.org/security-and-privacy-policy)).*

### 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 public donor wall as: \_\_\_\_\_

☐ Please do not display my name on the donor wall.

### Participant Information (donation on behalf of)

Event Name: 2025 Walk - The Villages, FL Event ID: 18504

Participant's Name: Harrison Skolnik Participant ID: 24072327

Team Name: Assisting Hands Home Care Team ID: 993663

Mail this form and contribution to:

Alzheimer's Association: The Villages Walk

2170 West State Road 434

#300

Longwood FL 32779

### Payment Method

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

-OR-

I authorize using the information below to charge my credit card the above amount:

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Discover

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

Expiration date: \_\_\_\_\_ Today's date: \_\_\_\_\_

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

Thank you for your contribution!