



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).*

***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).*

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 - South Shore, FL Event ID: 18512

Participant's Name: Sarah Baez Participant ID: 22917084

Team Name: CarePatrol of Bradenton & Southshore Team ID: 949618

Mail this form and contribution to:

Alzheimer's Association

14010 Roosevelt Blvd

709

Clearwater

FL

33762

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!