



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 - Bloomington, IN Event ID: 18589

Participant's Name: Rhiannon Study Participant ID: 23818852

Team Name: CC Bloomington Memory Care Team ID: 940054

Mail this form and contribution to:

WTEA - Bloomington, IN

2200 Cabot Drive

Suite 460

Lisle

IL

60532

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!