



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 - Salina, KS Event ID: 18607

Participant's Name: Kyla Adam Participant ID: 25425014

Team Name: Cedarhurst Salina Team ID: 940469

Mail this form and contribution to:

Walk Manager

535 W Douglas Ave

Suite 150

Wichita

KS

67213

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!