



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 - Staten Island, NY Event ID: 18788

Participant's Name: Josephine DeCicco Participant ID: 25379711

Team Name: Michael's Legacy Team ID: 966581

Mail this form and contribution to:

Sophie Lesser, Staten Island Walk

60 E 42nd Street, Ste 2240

New York NY 10165

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!