



## 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 - Farmville, VA Event ID: 18961

Participant's Name: Emily Newcomb Participant ID: 25587440

Team Name: TMC - Farmville, VA Team ID: 992712

Mail this form and contribution to:

ATTN: FARMVILLE WALK

4600 Cox Rd.

Ste. 130

Glen Allen

VA

23060

### 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!