



## 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 - Green Bay, WI Event ID: 18994  
Participant's Name: Gordie Adamczak Participant ID: 25553274  
Team Name: CarePatrol of Green Bay Team ID: 940926

Mail this form and contribution to:

Alzheimer's Association, Wisconsin Chapter

12701 Whitewater Drive

Suite 290

Minnetonka

MN

55343

### 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!