



Please mail this form and your check to:
Alzheimer's Association Minnesota-North Dakota
12701 Whitewater Drive, Suite 290
Minnetonka, MN 55343

DONATION FORM

Please PRINT or TYPE all information clearly

Date: _____

Enclosed is my check in the amount of \$ _____, payable to the Alzheimer's Association.

*For safety reasons, please do not send cash via mail. Instead ask your local bank to issue a cashier's check for the total cash amount.

Donor Name: _____

Address: _____ Phone: (____) _____

Home
Work
Mobile

City/State/ZIP: _____

(Receipt will be sent to the address above) Email Address: _____

I would like my donation to remain anonymous. Yes [] No []

TYPE OF DONATION (please choose only one):

- General Donation
Gift in Memory or Honor of: (Check one) (Name of individual)

Please notify:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like your gift to be recognized? (Name or Names)

- Gift Purpose: Please select from the following options
Walk to End Alzheimer's. Location/Walker/Team Name:
The Longest Day. Participant/Team Name:
Third Party Event. Event Name/Location:
Other: (Please specify)

Other Instructions: _____

For gifts pertaining to the following, contact the main office at 952.830.0512.

- Purple Gala Conference
Gifts in kind
Credit Card Donations
Stock Contributions
Wills/Bequests

Thank you for your support

The Alzheimer's Association is a 501(c)(3) organization. Your donation is tax-deductible to the fullest extent allowed by law.