



# Gift / Pledge Form

I/we want Alzheimer's families to know they are never alone; the Alzheimer's Association stands ready to help in Santa Barbara, Ventura and San Luis Obispo counties.

Enclosed is my/our gift/pledge of \$ \_\_\_\_\_ for:

CHECK ONE:

- Alzheimer's Family Services Program
- Annual Operations including *The Alzheimer's Helpline & Safe Return Registry*
- Nancy & Ronald Reagan Family Respite Fund
- Alzheimer's Education & Information for Professionals Fund

Payment Schedule:  Single payment  Monthly  Quarterly

*This gift is from:*

NAME (As you prefer to be listed in Donor Honor Rolls)

ADDRESS

CITY / STATE / ZIP

PHONE EMAIL

Please charge my card:  MasterCard  Visa  Discover  American Express

CARD NUMBER EXPIRATION DATE

AUTHORIZED SIGNATURE

*Or, you can make your check payable to:*

**Alzheimer's Association, California Central Coast Chapter, Inc.**

*Main mailing address:*

1528 Chapala Street, Suite 204 | Santa Barbara, CA 93101

CHECK ALL THAT APPLY:

- Please send information on how to increase / decrease my taxes through charitable estate planning.
- I have included the Alzheimer's Association, California Central Coast Chapter in my estate plan.
- I am enclosing the completed form from my employer's matching gift program.

*This gift is a tribute.*

In Memory of: NAME: \_\_\_\_\_

In Honor of: NAME / OCCASION: \_\_\_\_\_

Please send a notification card to: *Note: The gift amount will NOT be disclosed.*

NAME / ADDRESS

CITY / STATE / ZIP

*Thank you for caring!*

Please keep in touch with us at: [www.centralcoastalz.org](http://www.centralcoastalz.org)  
or call the Alzheimer's Development Office at 805/892-4259.