

Registration Form

Complete the registration form in black or dark blue ink. You can also register online at www.alz.org/memorywalk.

Walk location

Team name

I am a team captain team member individual
 My goal is to raise \$_____ to help end Alzheimer's disease.
 (The recommended minimum goal is \$200.)

First name

Last name

Address

City

State Zip

Phone (Day) Phone (Evening)

E-mail address

Company name

Job title

Yes, my company has a matching gifts program.

Please help the Alzheimer's Association better serve our community by completing the following:

Gender Male Female

Birthdate

Choose one African-American/Black American Indian/Alaskan Native Asian Caucasian/White Hispanic/Latino Pacific Islander Other _____

T-shirt size Medium Large X-Large XX-Large

How did you hear about us? Chapter mailing Web site Family Friend Past participant Work colleague TV/radio/print ads Other _____

Please choose the closest affiliation you have to Alzheimer's disease:

I have/had a family member with Alzheimer's disease
 I am a caregiver for someone with Alzheimer's disease
 I have a friend with Alzheimer's disease
 I have been diagnosed with Alzheimer's disease
 I do not know anyone with Alzheimer's disease

I am interested in information about:

Joining the Memory Walk steering committee
 Advocating for people affected by Alzheimer's
 Other volunteer opportunities with the Alzheimer's Association
 Including the Alzheimer's Association in my will, trust or estate plan
 More information about Alzheimer's disease
 Other _____

Enclosed is my personal donation of: \$200 \$100 \$50 \$25 Other _____

To make a credit card donation, please go online: www.alz.org/memorywalk

Please donate the value of any of my fund-raising prizes back to the Alzheimer's Association. Yes No

Assumption of Risk, Release and Permission

In consideration of being allowed to participate in Memory Walk, I hereby expressly assume all risks of personal injury, death or property loss arising in any way out of my participation. I represent that I am physically fit and able to participate in this event. I hereby release and agree not to sue Alzheimer's Association, its chapters, their respective officers, directors, volunteers, employees, sponsors and agents, from or in connection with any and all liability and claims arising out of my participation in this event. I grant full permission to the organizers of this event to use and publish my name and image as a participant in photographs, video or other recordings.

Signature _____ Date _____
 (parent or guardian's signature, if walker is under 18 years of age)

Contribution Form

ALZHEIMER'S ASSOCIATION-GREAT PLAINS CHAPTER
 5601 S. 27TH ST., SUITE 201
 LINCOLN, NE 68512

Make checks payable to the Alzheimer's Association. Please bring this form when you turn in contributions on Bank Night or on event day.

Copy this form for additional donations.
 Donate online: www.alz.org/memorywalk

Name _____

Team name _____

Walk location _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ Phone (Evening) _____ E-mail _____

My fund-raising goal _____

Contributor Names	Check #	Donation Amount Received
1. <i>Kick off your fund-raising efforts by making the first donation!</i>		\$
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Online Donations
 \$

Total Donations
 \$

Subtotal _____

Matching gift _____

Total enclosed _____

Office use only _____

Matching gifts could double your money!