



## Donation Form

### Donor Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### 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.

### Payment Method

\_\_\_ Enclosed is my check payable to the **Alzheimer's Association®**

-OR-

Please charge my: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Discover

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

### Participant Information (donation on behalf of)

Event Name: 2024 Walk - Albuquerque, NM Event ID: 17785

Participant's Name: Nancy Lacher Participant ID: 21585108

Team Name: Team of Hope Team ID: 910990

Mail this form and contribution to:

Alzheimer's Association NM Chapter-Albuquerque Walk  
6731 Academy Rd NE

Albuquerque

NM

87109

Thank you for your contribution!