



Donation Tracking Form

Participant Name _____ Team Name _____ Credit Donations to: ___ Participant ___ General Team Donations

Walk Location: [] All Pro Freight Stadium, Sat., Sept. 21 [] Holden Arboretum, Sun., Sept. 29 [] Tower City Center on Sun., October 6

Participant Street Address _____ Telephone (required) _____

City, State, Zip _____ E-mail _____

Donor Name	Street Address	City, State, Zip Code	Email*	Telephone	Donation Amount	Check #	Cash

Total Amount Enclosed: \$ _____

Please make checks payable to the Alzheimer's Association.

Questions? Contact Sheryl at sberman@alz.org or 216-342-5566

Return completed form to:

Alzheimer's Association Cleveland Area Chapter
 Attention: Walk to End Alzheimer's
 P.O. Box 74924
 Cleveland, OH 44194-4924

*** Help us save on mailing costs and time. Please include email addresses where possible since this allows us to email tax receipt letters. You can also download this form on the Cleveland Area Chapter's Walk to End Alzheimer's home page.**