



2017 Solano County Offline Donation Form

DONOR INSTRUCTIONS

Please complete this form and mail it along with your donation. Allow up to 10 business days for processing. If an email address is provided below, a receipt will be sent by email. If no email address is given, a donation acknowledgement letter will be mailed for gifts of \$100 or more. You can make your dollars go further by submitting your gift on our website by credit card! Visit www.alz.org/walk if you prefer to donate online. Thanks!

MAILING ADDRESS

Solano County Walk to End Alzheimer's, 2290 North First Street Suite 101, San Jose CA 95131

DONOR INFORMATION

Donor Name: _____

Address: _____

City, State ZIP: _____

Phone: _____

Email: _____

PAYMENT INFORMATION

I would like to make a contribution in the amount of:

__ \$1,000 __ \$500 __ \$250 __ \$120 __ \$60 __ \$35 __ Other Amount: \$ _____

Check (Make payable to: Alzheimer's Association) – Please do *not* staple your check to this form.

Credit Card (Please circle:) VISA MASTERCARD AMERICAN EXPRESS

Card Number: _____

Expiration Date: _____ Name on Card: _____

Authorized Signature: _____

My donation is 'In Memory of'/'In Honor of': _____

PARTICIPANT INFORMATION

Please credit this Walk to End Alzheimer's donation to:

Option 1 – Individual Walker: _____

Option 2 – Walk Team: _____

Option 3 – Solano County Walk to End Alzheimer's - General Donation

This is a general donation to the 2017 Solano Walk; it will not be credited to an individual participant or team.

THANKS FOR YOUR GIFT! TOGETHER WE CAN END ALZHEIMER'S.

alzheimer's  association®