## ALZHEIMER'S ARKANSAS PROGRAMS & SERVICES SPECIAL GIFT FORM



Yes! I would like to help Alzheimer's Arkansas continue to meet the needs of individuals affected by Alzheimer's disease, their families and friends in Arkansas.

( PLEASE PRINT )		DATE:
(Circle One)		
NAME: (Mr. Mrs. Ms. Dr.)		
ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	WORK	PHONE:
EMAIL ADDRESS:		
My special gift donation is for:  □ <b>Birthday</b> □ <b>Anniversary</b> □  □ <b>Other:</b>		
Please make check payable to Alzheimer's A  PLEASE DESIGNATE MY CONT	RIBUTION:	
Send acknowledgement to: (please)		
Name:		
Address:		
City:	State:	Zip:
I would like information about:  ☐ Volunteer Opportunities	□ Alzheimer's Disease	☐ Special Events

Alzheimer's Arkansas Programs & Services ~ 201 Markham Center Drive ~ Little Rock, AR 72205 ~ 501-224-0021 or 800-689-6090 ~ FAX 501-227-6303 ~ Web Site: www.alzark.org