



Offline Donation Form

Instructions

To make a donation to the Walk to Remember, please complete this form and mail it along with your gift to the address listed below. A donor acknowledgment letter will be mailed within 30 days as a receipt for this contribution. Please note that a copy of this form should accompany all offline donations submitted directly by a donor or collected by a Walk participant. Please make copies of this form.

Donor Information

Donor Name: _____

Donor Address: _____

Street Address

Apartment/Unit #

City

State

Zip Code

Home Phone: _____ Cell: _____

Email: _____

Walk Participation Information

Option 1 – Individual Walker: _____

Option 2 – Walk Team: _____

Option 3 – Alzheimer's Alliance of Perry County Walk to Remember General Donation:

This is a general donation to the Walk; it will NOT be credited to an individual participant or team

Donation Information

Yes, I would like to make a contribution of \$_____ to support the Alzheimer's Alliance of Perry County

Check (Please make payable to Alzheimer's Alliance of Perry County)

Credit Card (Please circle) VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card Number _____

Expiration Date: _____

Name on Card: _____

Authorized Signature: _____

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

Contact Information

Thank you for your gift! Please mail your completed form and donation to:
Alzheimer's Alliance of Perry County, PO Box 12, New Lexington Ohio 43764