



DONATION FORM

Thank you for spreading hope! Your gift stays 100% local and provides care and support for families facing Alzheimer's or another dementia. On behalf of the families we serve, thank you!

First Name _____ Last Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Phone # _____ Email _____

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

\$500 \$250 \$100 \$50 \$25 Other: \$ _____

How often would you like to donate?

One-time Monthly Quarterly Yearly

Would you like to dedicate your donation? Yes No

In honor of In memory of Name(s) _____

Please send notification to:

Recipient's First & Last Name _____

Recipient's Address _____

City _____ State _____ Zip Code _____

Recipient's Email _____

*If you would like to include a personal note, please write it on the back of this form.

Please select your payment method:

My check payable to **Alzheimer's Los Angeles** for \$ _____ is enclosed.

Please charge my credit card: Visa MasterCard AmEx Discover

Credit Card # _____

Expiration Date _____ CVC _____ Today's Date _____

Authorized Signature _____

Mail this completed form along with your check (if applicable) to:

Alzheimer's Los Angeles, ATTN: Development, 4221 Wilshire Blvd, Ste 290-5, Los Angeles, CA 90010

For questions or help, please contact us at donate@alzla.org or at **(323) 930-6246**.

Alzheimer's Los Angeles is a 501(c)(3) tax-exempt organization (#95-3718119), and your donation may be tax-deductible within the guidelines of U.S. law as a charitable contribution.