

DONATION FORM

Your contributions help support Alaska's frail elders, individuals living with Alzheimer's Disease or a related dementia and their caregivers. Raised contributions support our broad range of services and programs that include Outreach, Education, Respite and Care Coordination. Until a cure is found....



1750 Abbott Road
Anchorage, AK 99507
Phone: 907-561-3313
Fax: 907-561-3315
www.alzalaska.org

Yes! I will donate to help Alaskan seniors with my donation of:

- Regular monthly donation in the amount of \$ _____
- One time donation in the amount of:
- \$50 \$100 \$250 \$500 Other amount \$ _____

Payment

- Check payable to Alzheimer's Resource of Alaska
- Charge my credit card: Credit card type: _____

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ CVS Code: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Phone: _____

Gift is: In Memory of: _____ In Honor of: _____

Please notify the person listed below of my gift. The gift amount will remain confidential.

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Your gift is very much appreciated!