

*Through our Outreach, Education, Respite and Care Coordination programs, we serve over 4,000 individuals annually. Regardless of one's ability to pay, the Alzheimer's Disease Resource Agency of Alaska provides support and information.*

I would like to help Alaskans affected by Alzheimer's disease or related disorder. I am happy to give a tax deductible contribution of \$\_\_\_\_\_  Check enclosed and made payable to ADRAA.

VISA  MasterCard Exp.Date: \_\_\_\_\_ Card#: \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I would like to remain anonymous, do not thank me publicly.

**Special Occasion / In Honor Of / Memorial**

Take time to remember a relative or friend today with a special occasion, or memorial gift.

The amounts of all gifts remain confidential.

Special Occasion \_\_\_\_\_

(Birthday, Anniversary, Congratulations, etc.)

In Honor Of: \_\_\_\_\_

In Memory Of: \_\_\_\_\_

Notify: name \_\_\_\_\_

address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If your employer matches your gift, please enclose matching gift form.