

# Alzheimer's | MISSISSIPPI



## DONATION FORM

Alzheimer's disease is a progressive irreversible brain disease for which there is currently no known cause or cure. It affects over 5 million American adults of all ages, including 52,000 Mississippians.

### Donor information (person making the donation)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email Address \_\_\_\_\_

### Donation information

I would like to make a donation in the amount of: \_\_\$1000 \_\_\$500 \_\_\$100 \_\_\$50 \_\_\$25

Other (Please list amount): \$ \_\_\_\_\_

\_\_\_\_ Enclosed is my check payable to the **Alzheimer's Mississippi**

Please charge my \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

### Participant information (please complete as fully as possible)

I am supporting (**Circle One**)

**A.** A specific player, coach or cheerleader    **B.** A general donation to a team    **C.** A general donation to TackleALZ

Participant's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

on (**team name**) \_\_\_\_\_ who is participating  
the (**city**) \_\_\_\_\_ TackleALZ.

**Print and Mail to:** Alzheimer's Mississippi

855 S. Pear Orchard Road, Ste 501 -- Ridgeland, MS 39157