

# ALZHEIMER'S ARKANSAS PROGRAMS & SERVICES DONATION FORM



*Yes! I would like to help Alzheimer's Arkansas continue to meet the needs of individuals affected by Alzheimer's disease, their families and friends in Arkansas.*

( PLEASE PRINT )

DATE: \_\_\_\_\_

(Circle One)

NAME: ( Mr. Mrs. Ms. Dr. ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### Enclosed is my tax-deductible gift of:

\$25    \$50    \$75    \$100    \$250    \$500    \$ \_\_\_\_\_

Please make check payable to Alzheimer's Arkansas or call us at 510-224-0021 to charge your credit card for this donation

### PLEASE DESIGNATE MY CONTRIBUTION:

In honor of: \_\_\_\_\_

In memory of: \_\_\_\_\_

### Send acknowledgement to: (please print)

Name: \_\_\_\_\_

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

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

### I would like information about:

Volunteer Opportunities    Alzheimer's Disease    Special Events

Planned Giving through:    Securities    Wills/Bequests    Trusts

Alzheimer's Arkansas Programs & Services  
~ 201 Markham Center Drive ~ Little Rock, AR 72205 ~  
501-224-0021 or 800-689-6090 ~ FAX 501-227-6303 ~ Web Site: [www.alzark.org](http://www.alzark.org)

*Supporting Arkansas Families Since 1984*