

CONTRIBUTION FORM

YES! I would like to help Alzheimer's Arkansas Programs and Services continue caring for Alzheimer's patients, their families and friends in Arkansas.

(PLEASE PRINT)

DATE: _____

(Circle One)

NAME: (Mr. Mrs. Ms. Dr.) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

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

Return to: **Alzheimer's Arkansas Programs and Services**
10411 West Markham, Suite 130 ~ Little Rock, AR 72205-1409
501-224-0021 or (outside Pulaski County) 800-689-6090, FAX 501-227-6303

Web Site: www.alzark.org

Serving Arkansans since 1984