

ALZHEIMER'S ARKANSAS PROGRAMS & SERVICES SPECIAL GIFT 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: _____

My special gift donation is for:

- Birth**day **Ann**iversary **Ch**ristmas **Val**entines **M**other's or **F**ather's Day
 Other: _____

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

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

Supporting Arkansas Families Since 1984