

ALZHEIMER'S ARKANSAS PROGRAMS & SERVICES SPIRIT WALKER DONATION FORM



I am unable to attend the upcoming Alzheimer's Arkansas Walk. 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 and will walk in Spirit.

(PLEASE PRINT)

DATE: _____

(Circle One)

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

How would you like to be addressed? _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

EMAIL ADDRESS: _____

(All Spirit Walkers receive the monthly Newsletter)

...I would prefer to receive my newsletter email.

...I would prefer to receive my newsletter by general mail.

Please make check payable to Alzheimer's Arkansas or charge my Credit Card for this donation

American Express

VISA

MasterCard

Card # _____ CVV # _____ Expiration Date: _____

Signature of Cardholder: _____

Please designate a walk location:

...River Valley Walk in Russellville

...Conway Walk

...Greers Ferry Area Walk in Fairfield Bay

...Clinton Walk in Clinton

...Little Rock Walk at the Zoo

...Hot Springs Walk

I am walking in Honor / Memory of: _____

I would like information about:

Volunteer Opportunities

Alzheimer's Disease

Special Events

Planned Giving through: Securities

Wills/Bequests

Trust

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

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