ALZHEIMER’S ARKANSAS PROGRAMS & SERVICES
CONTRIBUTION 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. ) _______________________________________________________________________

How would you like to be addressed? ___________________________________________

ADDRESS: ________________________________________________________________________________________

CITY: _________________________________________   STATE: ______________________   ZIP: ________________

HOME PHONE: ___________________________   WORK PHONE: ____________________________

OCCUPATION: ________________________________     EMPLOYER: ____________________________

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 501-224-0021 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
201 Markham Center Drive ~ Little Rock, AR 72205
501-224-0021 or (outside Pulaski County) 800-689-6090, FAX 501-227-6303
Web Site: www.alzark.org

Supporting Arkansas Families Since 1984