



# Alzheimer's Arkansas

Caring for Caregivers

## 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: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

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

Please make check payable to Alzheimer's Arkansas or call us at 501-224-0021 to charge your credit card for this donation

**I want to make this a monthly gift!**

One-time gift

### 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

Employee Giving Program

Planned Giving through:     Securities     Wills/Bequests     Trusts