



# Alzheimer's Arkansas

## Contribution Form

*Your financial gift is tax-deductible, and 100% remains right here in Arkansas to help fulfill our mission of supporting both caregivers and communities in which they live! We sincerely appreciate all contributions.*

**(PLEASE PRINT)**

**Date:** \_\_\_\_\_

(Circle One)

Name (Mr. Mrs. Ms. Dr.): \_\_\_\_\_

How would you like to be addressed? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Enclosed is my tax-deductible gift of: \$** \_\_\_\_\_

Please make check payable to Alzheimer's Arkansas

- ☐ **I want to make this a monthly gift!**
- ☐ One-time gift
- ☐ Credit card payments- scan QR Code or visit website

**PLEASE DESIGNATE MY CONTRIBUTION:**

- ☐ In honor of: \_\_\_\_\_
- ☐ In memory of: \_\_\_\_\_



**Donate**

**Send acknowledgement to: (please print)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I would like information about:**

- ☐ Volunteer Opportunities
- ☐ Special Events
- ☐ Employee Giving Program

Planned Giving through: ☐ Securities ☐ Wills/Bequests ☐ Trusts

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