



Walk4ALZ & Run4ALZ Donation Form

Donor Information

First Name: _____ Last Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Donation Information

I would like to make a donation in the amount of:

\$1,000 \$500 \$250 \$100 \$50 Other Amount: \$ _____

Enclosed is my Cash Donation

Enclosed is my check. **(Payable to Alzheimer's Orange County)**

Please charge my Visa Card MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: _____ CVC: _____

Signature: _____ Today's Date: _____

Participant Information (Please complete as fully as possible)

I am supporting: **(please choose one)**

A Walk4ALZ Participant A Run4ALZ Participant A Specific Team

Walk4ALZ & Run4ALZ through a General Donation

Participant's First Name: _____ Last Name: _____

Team Name: _____

Alzheimer's Orange County | Helpline 844-HELP-ALZ | 2515 McCabe, Suite 200, Irvine, CA 92614
www.alzoc.org/walkrun

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