



Walk4ALZ & Run4ALZ Tribute Poster Form

Contact Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

Tribute Information

(Choose One:)

In Memory or In Honor

of: _____

Include a few words about your tribute (15 words or less):



Please email .jpeg or .png photo (greater than 1MB) to walk@alzoc.org along with this form.

Donation Information (Tribute posters are a donation of \$25)

I have already made a donation for the tribute poster on my online walk or run fundraising page: _____

I would like to make a Cash Credit Check donation in the amount of: _____

Please charge my Visa MasterCard American Express Discover

Credit card number: _____ Expiration date: _____

Signature: _____ Date: _____