



Donation Form

Donor information (person making the donation)

First Name _____ Last Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email Address _____

Donation information

I would like to make a donation in the amount of: ☐ \$1000 ☐ \$500 ☐ \$250 ☐ \$100 ☐ \$25

Other (Please list amount): \$ _____

☐ Enclosed is my check payable to [Alzheimer's San Diego](#)

Please charge my ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Credit card number: _____

Expiration date: _____

CVV/CVC: _____

Signature: _____

Participant information (please complete as fully as possible)

I am supporting (**Circle One**)

A. A specific walker

B. A general donation to a team

C. A general donation to Walk

Walker's First Name _____ Last Name _____

on (**team name**) _____ who is participating in

the (**city**) _____ Walk.

Please send donations to: Alzheimer's San Diego | 3635 Ruffin Road, Ste 300, San Diego, CA 92123