



Do What You Love to End ALZ Donation Form

Donor Information*

First Name: _____ Last Name: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Phone number**: _____ Email Address: _____

**By providing this information, you acknowledge and consent to the terms of the Association's Privacy Policy (alz.org/security-and-privacy-policy).*

***By entering your mobile number, you will be opted in to receive text message updates from the Alzheimer's Association and stay involved in the fight to end Alzheimer's. You will be able to opt-out of these messages at any time. See our Privacy Policy (alz.org/security-and-privacy-policy).*

Donation Information

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

☐ \$1500 ☐ \$1000 ☐ \$250 ☐ \$120 ☐ \$60 ☐ \$35 ☐ Other Amount: \$ _____

Please display my name on the public donor wall as: _____

☐ Please do not display my name on the donor wall.

Participant Information (donation on behalf of)

Event Name: **DO WHAT YOU LOVE TO END ALZ** Event ID: **8686**

Participants Name: **WISCONSIN FBLA** Participant ID: **12299**

Team Name: _____ Team ID: _____

Mail this form and contribution to:

Do What You Love to End ALZ
225 N. Michigan Ave.
Floor 17
Chicago, IL 60601

Payment Method

☐ Enclosed is my check payable to the **Alzheimers Association**

-OR-

I authorize using the information below to charge my credit care the above amount:

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number: _____

Expiration Date: _____ Today's Date: _____

Signature: _____

Thank you for your contribution!