



DONATION FORM

Your gift to the Alzheimer's & Dementia Alliance of Wisconsin has a tremendous impact on people in southern Wisconsin facing a dementia-type disease and their care givers. Ninety percent of our funding comes from private donations from individuals, special events, fees for service and grants from private organizations. Every dollar we raise stays in Wisconsin.

Please indicate the amount of your gift, below:

- \$1,000 \$500 \$250
 \$100 \$50 Other \$ _____

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY, STATE ZIP: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

Payment Information:

Check (made payable to the Alzheimer's & Dementia Alliance of Wisconsin)

Credit Card

Card Type:

VISA

MasterCard

Card Number: _____ CVV* _____ Exp. Date _____

* 3-digit number on the back of card

Name on Card: _____ Signature: _____

THANK YOU!

Melissa Theisen
Alzheimer's & Dementia Alliance of Wisconsin
517 N. Segoe Rd., Suite 301
Madison, WI 53705

TELE: 608.232.3410
FAX: 608.232.3407
melissa.theisen@alzwiss.org
alzwiss.org