



## 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 partners.

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: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV (3 digit # on back of card): \_\_\_\_\_

Signature: \_\_\_\_\_

## THANK YOU!

**Every dollar we raise stays in Wisconsin.**

Alzheimer's & Dementia Alliance of Wisconsin  
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