



Alzheimer's Alliance

TRI-STATE AREA

ARKANSAS • OKLAHOMA • TEXAS

903.223.8021

100 Memory Lane

Texarkana, TX 75503

GIVING FORM

Thank you for your gift to the Alzheimer's Alliance Tri-State Area! Your generous donation allows us to provide resources, support groups, and bi-weekly respite care for those in need in our service area. The need for Alzheimer's and dementia care is rapidly increasing as are the needs for support. We thank you from the bottom of our hearts for helping us help others. We are proud to be an organization that is totally independent, autonomous and governed by a local board. Because we are not affiliated with a national Alzheimer's organization your gifts (100%) are used to help people in our service area.

Please note: If you are making a Memorial or Honorarium gift use the space below to provide us with the name(s) and address(es) of the person(s) you would like to receive an acknowledgment.

When you participate, your donation will be transferred conveniently from your credit card directly to Alzheimer's Alliance Tri-State Area. You may increase, decrease, or suspend your gift any time through the online donation form at www.alztristate.org or by contacting Alzheimer's Alliance Tri-State Area by phone or mail. All donations provided to Alzheimer's Alliance Tri-State Area comply with U.S. law.

Name(s) _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone _____ **Email** _____

Billing Address (If different from above): _____

Gift Amount \$ \$25.00 \$50.00 \$75.00 \$100.00 \$250.00 \$500.00 Other Amount (\$10.00 minimum, U.S.)

One-Time Monthly Quarterly Semi-Annually Annually

Please choose the date you'd like your gift processed: 1st 15th of the month

Start month/year: ____/____

Would you like to make this a: Memorial Gift Honor Gift Donation

Name of whom your gift is in memory/honor of: _____

Please send an acknowledgement to (Name & Address): _____

I plan to make this donation using a Credit /Debit Card.



Credit Card Number _____ Expiration Date ____/____

Enclosed is credit/debit card information for my donation. Please transfer my donation from my credit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.alztristate.org or by contacting Alzheimer's Alliance Tri-State Area by phone or mail. All donations provided to Alzheimer's Alliance Tri-State Area comply with U.S. Law.

Signature _____ **Date** _____ (Required)

Please make a copy of this form for your records, or you may request a copy from Alzheimer's Alliance Tri-State Area.