

alzheimer's  association™  
GREATER PENNSYLVANIA CHAPTER

Contribution Card

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_

DONOR SIGNATURE: \_\_\_\_\_

CONTRIBUTION AMOUNT: \_\_\_\_\_

- My check is enclosed, payable to Alzheimer's Association, Greater PA Chapter
- Please charge this donation. \_\_\_ VISA \_\_\_ MasterCard  
Account Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Signature (required) \_\_\_\_\_
- I would like to make a contribution other than cash. Please call me about this donation.

***This donation has been given:***

In Honor Of \_\_\_\_\_  
In Memory Of \_\_\_\_\_  
Please notify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Please send me information on planned giving opportunities.
- Please send me information about support services in my community
- Please send me information on the Memory Walk in my community

***Thank you very much for your support of our work.***

In order to appropriately credit your donation, please print this form and mail it,  
along with your check made payable to the Alzheimer's Association, to:

Alzheimer's Association, Greater PA Chapter  
3544 North Progress Ave.  
Suite 205  
Harrisburg, PA 17110