



Donation Form

Donor Information

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

Donation Information

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

___\$1000 ___\$500 ___\$250 ___\$120 ___\$60 ___\$35 ___Other Amount: \$_____

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

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

Payment Method

___ Enclosed is my check payable to the **Alzheimer's Association®**

-OR-

Please charge my: ___ Visa ___ MasterCard ___ American Express ___ Discover

Credit card number: _____

Expiration date: _____

Signature: _____

Today's date: _____

Participant Information (donation on behalf of)

Event Name: 2022 The Longest Day Event ID: 15144

Participant's Name: Cindy Nissen Participant ID: 16203532

Team Name: Cindy's Brainchangers Team ID: 725624

Mail this form and contribution to:

The Longest Day

PO Box 6804

Hagerstown

MD

21741-6804

Thank you for your contribution!