



2011 Memory Ride Donation Form
Please support me as I participate in 2011 Memory Ride!

Mail completed forms to:
Alzheimer's Association
311 Arsenal Street, Watertown, MA 02472
Attn: Memory Ride

Rider or Volunteer Name: _____

I will support Memory Ride for Alzheimer's Research at the following level
(\$25, \$50, \$100, \$250, \$500, Other): \$ _____

Donor Name: _____

Donor Address: _____

City: _____ State: _____ Zip: _____

Donor Phone: _____

Donor Email: _____

Payment Type (Indicate Cash, Check, or Credit Card): _____

(Please make checks payable to Alzheimer's Association - Memory Ride)

If Credit Card (Indicate MasterCard or Visa): _____

Card Number: _____ Expiration Date: ____/____/____

Matching funds are available from my employer (Indicate Yes or No): _____

(Ask your Human Resources department for your company's matching gift form.)

Company Name: _____

Contact Person: _____ Contact Phone: _____

