



8 for 80

Mail-In Donation Form

Donation Information

Yes, I will help fund critically needed research to find a cure for Alzheimer's disease.

I'm enclosing my gift of:

\$25 \$50 \$100 \$250 \$1,000 Other \$_____

My name: _____

My address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Payment Method

Enclosed is my check payable to Alzheimer's Disease Research

I would like to charge my contribution to:

VISA® MasterCard® Discover® American Express®

Card Number

Print name as it appears on card

Cardholder's Signature (required)

Phone Number

Expiration Date

Mail this form and contribution to:

Alzheimer's Disease Research
Attn: Development Department
22512 Gateway Center Drive
Clarksburg, MD 20871