



# Donation Form

## Donor information (person making the donation)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Donation information

I would like to make a donation in the amount of:  \$1000  \$500  \$250  \$100  \$25  
Other (Please list amount): \$ \_\_\_\_\_

Enclosed is my check payable to [Alzheimer's San Diego](#)

Please charge my  Visa  Mastercard  Amex  Discover

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

CVC/CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

## Participant information (please complete as fully as possible)

I am supporting (**Circle One**)

**A.** A specific Rider

**B.** A Rides4ALZ Team

**C.** A general donation to SDRides4ALZ

Rider's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Rides4ALZ Team Name \_\_\_\_\_