

Offline Donation Form



Alzheimer's Alliance Tri-State

The Doris K. James Memorial Over the Edge

September 14, 2019

On the campus of Texas A&M University-Texarkana

PRESENTED BY:



Donor Information (please print or type)

*Name _____

Address _____

City, State, Zip _____

Phone Number _____

*Email _____

*Required

Pledge Information

I (we) make this contribution of \$ _____ to see _____ go Over The Edge.

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit Card Number: _____

Card Type:



CVV: _____ Expiration Date (MMYY): _____

Billing Address

(if different from above) _____

Acknowledgement Information

I (we) wish to have our gift remain anonymous.

TAX ID: 75-2210717

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

Alzheimer's Alliance Tri-State
100 Memory Lane
Texarkana, TX 75503

Please send this form along with payment method to Marisa Percy at marisa@alztristate.org