



ΣΑΜ Donation Form (PLEASE PRINT)

Gift Type: (NOTE: Do *not* send cash to the Alzheimer's Association.)

Check (payable to "Alzheimer's Association")

Credit Card Visa MC Discover Diner's Club Amex

_____ Exp. _____

PRINT Name _____

Signature _____

Name of Donor _____

as it appears on check or credit card (e.g., "SAM – Chapter Name" or "John A. Smith Jr.")

Please PRINT:

*****IMPORTANT: Indicate ΣΑΜ Chapter to Receive Credit**

CHECK ONE: Undergraduate Chapter Alumni Chapter

Chapter Name: _____ **Campus:** _____

Donor Address _____

City, State, Zip **Telephone** **Email**
_____ () - _____

How Donation Was Raised (i.e., name of fundraising event, if applicable)

Return this form with your donation to:

Sharon Gideon • Alzheimer's Association • 225 N. Michigan, #1700 • Chicago, IL 60601
FAX (866) 741-5530 • Phone (312) 335-5885