



## 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:**

Lisa Hellman • Alzheimer's Association • 225 N. Michigan, #1700 • Chicago, IL 60601

FAX (866) 741-5530 • Phone (312) 335-5760