



With you every step of the way
LONG ISLAND ALZHEIMER'S FOUNDATION

DONATION FORM

First name _____ Last name _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Telephone _____

Would you like an acknowledgement sent to anyone other than yourself?

Yes. Please send acknowledgement to the person(s) below:

No

First name _____ Last name _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Telephone _____

Is your gift: In honor of... In memory of... For LIAF in general...

If in honor/memory of, please provide the person's/family's name to be recognized:

How much would you like to donate?

\$25 \$50 \$100 \$250 \$500 Other: _____

Additional comments:
