To make a donation by mail, please print this form and send it to:

Cure Alzheimer’s Fund
34 Washington Street, Suite 310
Wellesley Hills, MA 02481

Please make checks payable to: Cure Alzheimer’s Fund

Questions? Please call us at 781-237-3800 or email: info@curealz.org

Thank you for your support!

<table>
<thead>
<tr>
<th>1 Donor Information (required)</th>
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<tbody>
<tr>
<td><strong>Name:</strong> ___________________</td>
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</table>
| **Donor Recognition:**
  - [ ] Individual (listed above)
  - [ ] Family or Group
  - [ ] Business or Organization
  
  Please indicate above how this gift should be credited, for example: John Smith and Judy Turner

| **Address:** ___________________ |
| **City:** ___________________ | **State:** __________ | **Zip:** __________ |
| **Email:** ___________________ | **Phone:** __________ |

<table>
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<tr>
<th>2 This gift is being made In Memory, In Honor, or In Honor of Caregiver. (optional)</th>
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<td>If this gift should be attributed to someone, please fill in the following information.</td>
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Select one:
- [ ] In Memory – Cure Alzheimer’s Fund is pleased to accept memorial gifts. This is a wonderful way to pay tribute to a loved one or offer your condolences while supporting research into a cure for Alzheimer’s.

- [ ] In Honor – Cure Alzheimer’s Fund is pleased to accept honorarium gifts. This is a wonderful way to honor someone and support research into a cure for Alzheimer’s.

- [ ] In Honor of Caregiver – Cure Alzheimer’s Fund is pleased to accept gifts in honor of a caregiver. This is a wonderful way to honor that special person and support research into a cure for Alzheimer’s.

**Name:** ___________________
3 I want to notify someone of this gift. (optional)

Name:_________________________________________________________
Address:_____________________________________________________
City:_________________________ State:_________________ Zip:___________
Email:________________________________________________________
Special Message:_________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

4 Donor Payment Information (required)

Donation amount:_________________________________________________

☐ I have enclosed a check made out to Cure Alzheimer’s Fund.

☐ Please charge my credit card (select one):
  ☐ Visa  ☐ MasterCard  ☐ Discover  ☐ American Express

Name as it appears on card:_________________________________________
Card number:___________________________________________________ Expiration date:_________________
Signature:________________________________________________________________

Cure Alzheimer’s Fund is a 501(c)3 organization. You will receive a receipt for your taxes at the address listed above once the gift is received.

All overhead costs at Cure Alzheimer’s Fund are paid for by our founding families. Therefore every dollar you give goes directly to fund research into Alzheimer’s disease.

Thank you!