

## Donations by Mail

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](mailto:info@curealz.org)

Thank you for your support!

### 1 Donor Information (required)

Name: \_\_\_\_\_

Donor Recognition:  **Individual** (listed above)

**Family or Group** \_\_\_\_\_  
Please indicate above how this gift should be credited, for example: John Smith and Judy Turner

**Business or Organization** \_\_\_\_\_  
Please indicate above how this gift should be credited, for example: Acme, Inc.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### 2 This gift is being made In Memory, In Honor, or In Honor of Caregiver. (optional)

If this gift should be attributed to someone, please fill in the following information.

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: \_\_\_\_\_

## Donations by Mail (continued)

### 3 I want to notify someone of this gift. (optional)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_ Security code: \_\_\_\_\_

Signature: \_\_\_\_\_

Cure Alzheimer's Fund is a 'doing business as' name for the Alzheimer's Disease Research Foundation, a 501c3 non-profit corporation with Federal Tax ID #52-2396428. It is our policy never to share our donors' information with anyone else.

100% of general donations go to support our research program

# Thank you!