



Alzheimer's Drug Discovery Foundation

Please print, complete, and mail this form with your check or credit card information to the address below:
Alzheimer's Drug Discovery Foundation | 57 West 57th Street, Suite 904 | New York, NY 10019

Required Fields *

*First Name: _____ *Last Name: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

Phone: _____ *Email: _____

Donation Amount: \$ _____

Make check payable to Alzheimer's Drug Discovery Foundation | Check Number: _____

Credit Card (circle one) American Express Discover Master Card Visa

Credit Card number: _____ Expiration Date: _____ Security Code: _____

Is this gift in Honor/Memory? (circle one)

Honoree's Name: _____

Would you like to notify someone of the gift? Yes/No

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Thank you for your support!