



**DONATION FORM**  
(PLEASE **PRINT** CLEARLY)  
IRS NONPROFIT EIN# 46-3401769

MAKE CHECKS PAYABLE TO: **DEMENTIA SOCIETY OF AMERICA**  
PLEASE SEND THIS FORM TO: **PO BOX 600, DOYLESTOWN, PA 18901**

**You Make the Difference!**

**CHOOSE AMOUNT:**      \$60      **\$120**      \$250      \$500      \$1,000      Other \$ \_\_\_\_\_.

**TYPE OF DONATION** (Please choose one):

\_\_\_ In Memory of someone deceased: \_\_\_\_\_ (Their name)

\_\_\_ In Honor of individual(s) or org: \_\_\_\_\_ (Their name)

\_\_\_ General Donation

**YOUR INFORMATION\***

Title (Mr., Ms., Mrs., Dr., etc.): \_\_\_\_\_ Full Name: \_\_\_\_\_

Organization Name (If an organization donation): \_\_\_\_\_

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

City, State, Zip, Country: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile \_\_\_ Home \_\_\_ Work

YOUR DONATION RECEIPT WILL BE SENT TO THE ADDRESS ABOVE | WE DO NOT SELL YOUR PERSONAL INFORMATION

**PLEASE SEND DONATION ACKNOWLEDGMENT TO FAMILY\* (optional):**

Title (Mr., Ms., Mrs., Dr., etc.): \_\_\_\_\_ Full Name: \_\_\_\_\_

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

City, State, Zip, Country: \_\_\_\_\_

**Optional instructions:** \_\_\_\_\_.

**Check to see if your employer will MATCH, please go to DSAmatch.org**

**Thank you for your support!**

Your contribution is tax-deductible to the extent allowed by law.

\*Dear Donor, if we are sending an acknowledgment, we do not state the donation amount in the acknowledgment, only your name and address.