



Dementia Society of America®

Today's Date: _____

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**

CIRCLE AMOUNT: \$50 \$75 **\$100** \$250 \$500 \$1,000 \$2,500 \$5,000 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 DONOR INFORMATION* (Using a credit card? Please enter the same billing address as credit card):

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

YOUR PAYMENT INFORMATION:

Check #: _____ Credit/Debit #: _____ Expires: ___/___ CV: _____

Name on Card: _____ Sign: _____

PLEASE SEND DONATION ACKNOWLEDGMENT TO FAMILY* (optional):

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

Street Address: _____

City, State, Zip, Country: _____

Optional instructions: _____.

You make the difference. Please ask your employer if they MATCH! 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.