



ALZHEIMER'S DONATION FORM

Use this form when submitting donations for the NARFE Florida Inc., Alzheimer's Fund OR a letter containing all the requested information below is acceptable.

DONATION AMOUNT: _____

DO NOT send cash. Make checks payable to "NARFE Florida Inc" and insert "Alzheimer's Fund" on the memo line of the check.

SUBMITTED BY: Chapter: _____ District _____

Address: _____

Phone No: _____ Email _____

DONATION OPTIONS: **Check One**

1. _____ Send check to the Alzheimer's Association, Chicago, IL.
OR

2. _____ Send check payable to:
Name: _____
Address: _____

OR
3. _____ Return check to chapter payable to
Name: _____

For NARFE and your chapter to get credit, you must send your donation and form/letter to:

Patricia K. Staley
Alzheimer's Treasurer
3942 Buckingham Loop Dr
Valrico, FL 33594-4821

FOR INFORMATION: Phone: 813-689-7449 or 813-205-1206
Email: PHS61@msn.com

Printed Name & Signature

Date