



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 **\$100** \$250 \$500 \$1,000 \$2,500 Other \$ _____.

TYPE OF DONATION (Please choose one):

___ In Memory of someone deceased: _____ (Their name)

___ In Honor of individual(s) living or org: _____ (Their name)

___ General Donation

YOUR DONOR 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

Thank you for your incredible support. If your donation is in memory or honor of someone, our team will send you a beautiful "Thinking of You" card within 30 days of receiving your donation. This card, complete with an envelope and stamp, is for you to forward with your sympathies to the appropriate family member.

Families may request a Memorial Report listing all known donors at any time.

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

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