



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: _____

This donation form and the donation check should be sent to the NARFE Florida, Inc. Treasurer

Printed Name & Signature

Date