

# ***First Annual Alzheimer's Association***

## ***MEMORY RIDE***

*October 21, 2006*

### ***Donation Form***

#### **Participant Information:**

Name of rider: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

#### **Donation Information:**

I would like to donate in the amount of: \$ \_\_\_\_\_ per mile

For \_\_\_\_\_ miles of the 100 mile ride to benefit our local families and caregivers plagued with this disease. I understand that my donation is tax deductible.

My donation is in \_\_\_\_\_ Honor or \_\_\_\_\_ Memory of \_\_\_\_\_.

\_\_\_\_\_ Enclosed is my check made payable to the Alzheimer's Association.

\_\_\_\_\_ Please charge my \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express

My card number is \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

**E-mail completed form or return completed form to:**

***Linda Greer***

*P.O.Box 4071 Columbus, Georgia 31994*

For more info call : Linda or Wendi 706-322-3040 Or Thomas 334-364-0400

**REGISTRATION 10:00 A.M. – FIRST BIKE OUT 11:00A.M.**

***Always remember the love, the light. the laughter and when you can no longer remember it yourself, I will remember it for you . Help to us keep the promise to search for a cure.***