

Knoxville Alzheimer's Tennessee WALK CONTRIBUTION FORM

PLEASE complete form and turn in with any donations.

Name _____

Team Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____

Email _____

Take Home Souvenir INCENTIVES

For WALKers at the WALK with the following totals.

**\$50+ = WALK
T-shirt**
(*Must pre-register by
April 2nd)

**\$100+ =
Baseball
Cap**



**\$200+ =
Utility Tote**



Donor's Name	Check No.	Donation Amt. Received
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Remember: A company's matching gifts could double your money!

Cash Subtotal _____

Check Subtotal _____

TOTAL ENCLOSED W/FORM _____

Optional: Previously Raised/Online Amount _____

AlzTN Only

**PLEASE MAKE ALL CHECKS PAYABLE TO:
ALZHEIMER'S TENNESSEE**

**Eastern
Tennessee Office:**

5801 Kingston Pike, Knoxville, TN 37919
Phone: 865.544-6288