



Big Scramble Fundraising Donation Form

Donor information (person making the donation)

First Name _____ Last Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email Address _____

Donation information

I would like to make a donation in the amount of: __\$200 __\$100 __\$50
\$ _____ Other (Please list amount)

____ Enclosed is my check payable to the **Alzheimer's Association** and place The Big Scramble and the name of the person or team you want credited in the Memo section of the check.

Please charge my ____ Visa ____ MasterCard ____ American Express

Credit card number: _____

Expiration date: _____

Signature: _____

Today's date: _____

Participant information (please complete as fully as possible)

Scrambler's First Name _____ Last Name _____

Scrambler's Address: _____

Scrambler's City: _____ State: _____ Zip: _____

If known (**team name**) _____ who is participating in the Big Scramble Race in South Beach, Miami Beach.

Return completed form to: Alzheimer's Association Southeast Florida Chapter, ATTN: The Big Scramble 3333 Forest Hill Boulevard, West Palm Beach, FL 33406

If you or someone you know needs information, referrals or support regarding Alzheimer's disease please call the Alzheimer's Association 24/7 Nationwide Helpline at 1.800.272.3900 or visit www.alz.org.