

# Foothills 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 16)

**\$100+ =  
Baseball  
Cap**



**\$200+ =  
Utility Tote**



Donor's Name	Check No.	Donation Amt. Received
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
<b>Cash Subtotal</b>		
<b>Check Subtotal</b>		
<b>TOTAL ENCLOSED W/FORM</b>		
Optional: Previously Raised/Online Amount		
AlzTN Only		

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

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

**Eastern  
Tennessee Office:**

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