

ALZHEIMER'S TEXAS™



THE STATE OF MIND

CASH OR CHECK DONATION

Please provide complete contact information to be entered correctly into the Walk site.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Please credit my/our donation to the following individual or team:

Signature _____ Date _____

I or WE request _____ # WALK T-shirts in size(s) _____

Shirt pickup will occur day of walk or at the Alzheimer's Texas office week following the WALK

Alzheimer's Texas

www.txalz.org

(512) 241-0420

7000 N MoPac Expy

Suite 200

Austin, TX 78731