



ALZHEIMER'S DONATION FORM

Use this form when submitting donations for the NARFE Florida Inc., Alzheimer's Fund OR a letter containing all the requested information below is acceptable.

DONATION AMOUNT: _____

DO NOT send cash. Make checks payable to “**NARFE Florida Inc**” and insert “**Alzheimer's Fund**” on the memo line of the check.

SUBMITTED BY: Chapter: _____ District _____
Address: _____
Phone No: _____ Email _____

DONATION OPTIONS: Check One

1. _____ Send check to the Alzheimer's Association, Chicago, IL.
OR
2. _____ Send check payable to:
Name: _____
Address: _____

- OR**
3. _____ Return check to chapter payable to
Name: _____

For NARFE and your chapter to get credit, you must send your donation and form/letter to:

NARFE FL Federation Treasurer

FOR INFORMATION: Email: Treasurer@FLnarfe.com

Printed Name & Signature

Date