



CALL 1-800-259-4636

or complete the form and

FAX TO 1-212-915-1319

You can also mail the form to: **Fisher Center for Alzheimer's Research Foundation** 110 East 42nd Street, 16th Floor New York, NY 10017

DONATION FORM

Make checks payable to: **Fisher Center for Alzheimer's Research**

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I would like to	o contribut	e:					
\$10	\$25	\$50	\$75	\$100	Other \$		
THIS DONA	TION IS:						
In Honor	r of:	In Memory o	f:				
If you make a acknowledgm		_	nalf, please	provide the	e address and in	dividual yo	u would like an
Name:							
Address:							
City:				State:		Zip:	
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FOR CREDIT CARD DONATIONS, PLEASE PROVIDE THE FOLLOWING INFO:							
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OPTIONAL QUESTIONS Comments or Suggestions							
My preferred method of contact is:							
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How did you	hear about	us?					