



Donation Form

Our Helpline 646-744-2900
caringkindnyc.org/walk

Donor Information

First Name: _____ Last Name: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

This is also my business address
If yes, please indicate the name of your company/organization: _____

Donation Information

I would like to make a donation in the amount of:

\$1,000 \$500 \$250 \$100 \$50 \$25 Other Amount: \$ _____

Please display my name on the Walker's page donor scroll as: _____

Please display my donation as anonymous

Payment Method

Enclosed is a check payable to **CaringKind**

-OR-

Process my credit card with the below information

Visa MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: ____/____

Signature: _____

Walker Information *(donation on behalf of)*

The Walker I am donating to is participating at the Walk in:

Walker's First Name: _____ Walker's Last Name: _____

Team Name (if known): _____

Mail this donation form to:
CaringKind
Attn: CaringKind Alzheimer's Walk
360 Lexington Ave., 3rd Floor
New York, NY 10017
Or email it to walk@cknyc.org