



## Donation Form

Helpline 646-744-2900

[ckwalk.org](http://ckwalk.org)

### 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)*

Walker's First Name: \_\_\_\_\_ Walker's Last Name: \_\_\_\_\_

Team Name (if one): \_\_\_\_\_

### Mail this donation form to:

CaringKind

Attn: CaringKind NYC Alzheimer's Walk

360 Lexington Ave., 3rd Floor

New York, NY 10017

Or email to: [walk@cknyc.org](mailto:walk@cknyc.org)