



## CASH DONATION RECEIPT

*Questions? Contact the Alzheimer's Association at 800.272.3900*

Donor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Total Donation: \_\_\_\_\_

Participant/Team Name: \_\_\_\_\_

Tax ID #13-3039601  
Organized under IRS 501(c)(3)

**Thank you for your generous support!**



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