



South Sound Alzheimer's Council

~ Providing community based compassionate support, education and advocacy for persons, their families and caregivers who are affected by Alzheimer's Disease or related disorders.

Please make your check payable to *The Community Foundation*
Amount: _____

Please bill my credit card: Visa _____

MasterCard _____

Expiration Date: _____

Signature: _____

Amount: _____

I would like to do more. I wish to establish a trust, or a bequest in memory of a loved one. Please send me information.

Thank you! Your gift of any size is greatly appreciated. Your tax-deductible gift will be acknowledged.

Name: _____

Address: _____

City State: _____ Zip: _____ Phone: _____

This gift is: In Memory To Honor To Thank To Celebrate _____

Please send an acknowledgement to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

(the gift amount will remain confidential)

Send to:

South Sound Alzheimer's Council 3430 Pacific Ave SE #A-6, PMB 159, Olympia, WA 98501