

KEEP MEMORY ALIVE

Supporting the Mission of the Cleveland Clinic Lou Ruvo Center for Brain Health



ALZHEIMER | HUNTINGTON | PARKINSON | ALS | MEMORY DISORDERS

DONATIONS BY MAIL FORM

Donor Information:

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

E-mail address: _____ Phone number: _____

Type of gift (mark one):

- Memorial - honors an individual who has passed away**

Name of individual who has passed: _____

- Tribute - marks a special occasion for a friend or family member**

Name of occasion and individual for tribute: _____

- General Donation**

Memorial/Tribute Notification (optional):

For a memorial or tribute, **please designate the individual to be notified of your donation.** We will send a personalized notification announcing your gift (but not the amount) as specified below.

Salutation: _____ Name: _____

City: _____ ST: _____ Zip: _____

E-mail address: _____ Phone number: _____

Payment Method:

- Check (payable to Keep Memory Alive)

- Credit Card

Name on card: _____ Credit Card Type: _____

Credit Card Number: _____ Exp: _____

Cardholder Signature: _____

Please mail to: Keep Memory Alive | 888 W. Bonneville Ave. | Las Vegas, NV 89106

A receipt for your donation will be mailed to the address above. Thank you for assisting us in our fight against Alzheimer's, Huntington's, Parkinson's, ALS & Memory Disorders!