

alzheimer's association™

Yes, I wish to join the *Alois Society* of the
Alzheimer's Association, Georgia Chapter.

Name(s): _____

Address: _____

Phone: _____ Email: _____

I commit to the following Level of Support:

- | | | |
|--------------------------|-------------------------------|---------------------|
| <input type="checkbox"/> | <i>Alois Society</i> Platinum | \$ 10,000 and above |
| <input type="checkbox"/> | <i>Alois Society</i> Gold | \$ 5,000 – \$9,999 |
| <input type="checkbox"/> | <i>Alois Society</i> Silver | \$ 2,500 – \$4,999 |
| <input type="checkbox"/> | <i>Alois Society</i> Bronze | \$ 1,000 – \$2,499 |

Enclosed is my check in the amount of \$_____ made payable to the Alzheimer's Association, Georgia Chapter.

Please charge my Credit Card for the amount of \$_____.

- MasterCard
- Visa
- American Express
- Discover

Card Number: _____

Expiration Date: _____ CVV Number: _____

Signature: _____

Please send me information about planned giving options, including the *Rosemary Society*.