

Donation Form

Donor Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Date: _____

Donation Amount (*donations are tax deductible*): \$ _____

(When you make a donation, you will receive a letter thanking you for your donation. The University of Southern California is a 501 ©3 non-profit organization and all contributions are tax-deductible to the extent allowable by law.)

I am paying by check. Make check payable to “USC “*and* indicate USC Alzheimer Disease Research Center in the memo line.

I am paying by credit card (circle one). Visa / MasterCard / Discover

Card Number: _____

Expiration Date: _____

(You may call the number below to leave any part of your personal credit card info with our USC staff member if you prefer)

This gift is on behalf or in memory of: _____

The name of the family sponsoring the event, honorarium or memorial fund: _____

(If you are sponsoring the memorial fund or event, you will receive a thank you as well as each donor will. In addition, a summary of the donors to the total fund will be sent to the family sponsor.)

Send notice of receipt of my donation to (*check all applicable below*):

Me, send to my address indicated above.

Family sponsoring the fund. Send to address below (*if available*):

Address: _____

Phone Number: _____

Other. _____

To submit your donation mail this to:

**USC, Alzheimer Disease Research
Center**

Department of Neurology

1540 Alcazar St. Ste 215

Los Angeles, CA 90033

C/O E. Taylor -Munoz Director,

ADRC Administration Phone

#323-442-7674