

THE 2020 COUNCIL PLEDGE FORM

I am/We are pleased to support THE 2020 COUNCIL at the following level:

- Underwriter (\$100,000) Leader (\$25,000) Friend (\$5,000)
 Visionary (\$50,000) Mentor (\$10,000) Patron (\$2,500)

- I am unable to join the 2020 Council but would like to contribute \$_____ in support of USAgainstAlzheimer's Network.

CONTACT INFORMATION

Name _____

(As you would like it to appear in printed materials)

Title *(If applicable)* _____

Organization/Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

PAYMENT INFORMATION

- Please find a check in the amount of \$_____, made payable to **USAgainstAlzheimer's Network**.

- Please charge my credit card in the amount of \$_____.

- Visa American Express MasterCard

Name on Card _____ Expiration Date _____

Card Number _____ CVV Number _____

Signature _____

Please return completed form to:
USAgainstAlzheimer's Network
1101 K Street, NW, Suite 400
Washington, DC 20005

Or fax form to 703.532.0891

For more information, contact: Lindsay Pugh at 202.465.6664 or lpugh@usagainstalzheimer.org