

THE END OF
ALZHEIMER'S
STARTS WITH
you.



SEPTEMBER 26th
Santa Cruz Community Walk
Pierson Vocational High School
act.alz.org/goto/SantaCruz

Southern Arizona Office
1159 North Craycroft Road
Tucson, AZ 85712
520.322.6601

REGISTRATION FORM

Southern Arizona Region

1

name _____
address _____
city _____ state _____ zip _____
phone _____
e-mail _____ gender: male female
birthdate _____
my employer has a matching gift program: yes no
employer _____

2

I am walking in (site): _____
I will be walking as: team captain team member individual
team name _____
representing (organization) _____
team captain's name _____

3

All participants raising \$100 will receive a 2015 Walk t-shirt, unless:

I do not want a Walk t-shirt.

I am interested in more information about:

- | | |
|--|--|
| <input type="checkbox"/> volunteer opportunities | <input type="checkbox"/> Alzheimer's information |
| <input type="checkbox"/> programs & services | <input type="checkbox"/> planned giving |
| <input type="checkbox"/> advocacy | <input type="checkbox"/> research updates |

4

I am unable to participate in the Walk, but I will support the cause:

\$200 \$150 \$100 \$50 Other \$ _____

I will pay my pledge with:

- check (made payable to Alzheimer's Association Desert Southwest)
 credit card
 visa mastercard am express discover

card number _____ expiration date _____

signature _____ date _____

5

In consideration of being allowed to participate in Walk to End Alzheimer's, I hereby expressly assume all risks of personal injury, death or property loss arising in any way out of my participation. I represent that I am physically fit and able to participate in this event. I hereby release and agree not to sue Alzheimer's Association, its chapters, their respective officers, directors, volunteers, employees, sponsors and agents, from or in connection with any and all liability and claims arising out of my participation in this event. I grant full permission to the organizers of this event to use and publish my name and image as a participant in photographs, video or other recordings.

signature _____ date _____