



A Walk to Remember
INVOICE

Alzheimer's Resource Center
P.O. Box 1170
Dothan, AL 36302
1-334-702-CARE

Name: _____ Invoice Date: _____
Address: _____ Due Date: _____

Phone Number: _____

Donation enclosed: \$ _____

In Memory of: _____ In Honor of: _____

Notify: _____

(Please make check payable to Alzheimer's Resource Center. Thank you!)

Your sponsorship will allow the Alzheimer's Resource Center to continue its mission of providing information, support and education to Alzheimer's victims, their caregivers and family members.