Central & North Florida Chapter

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378 CenterPointe Circle, # 1280 Altamonte Springs, FL 32701 407.951.7992 **p** 407.951.7993 **f**

alzheimer's \Re association

Spring 2011

Dear Contributor:

On behalf of the Alzheimer's Association, Central and North Florida Chapter, we are seeking donated goods, services and/or funds for the 2011 *Walk To End Alzheimer's*. Having these items donated means that the funds raised will be used for programs and services, rather than expenses.

The Alzheimer's Association Memory Walk® is the nation's largest event to raise awareness and funds for Alzheimer care, support and research – and it calls on volunteers of all ages to become champions in the fight against this fatal disease. Held in over 600 communities nationwide each year, the Space Coast Walk will take place on October 1, 2011 at The Avenue in Viera.

The Alzheimer's Association provides needed services, referrals and support to those in our community who have been affected by this devastating disease. We currently serve over 17,000 people Brevard county. Our local services include education and training programs, support groups, resource material, and information and referral to community services. We also provide training to local law enforcement officials to help them find those who become lost. The Alzheimer's Association is the largest private funder for research, seeking to find causes, treatments, and a cure. The more people who are diagnosed with Alzheimer's disease and the more families affected, the greater the need for local support services and financial contributions to research.

Please join us in taking steps to end Alzheimer's. Support 2011 Walk To End Alzheimer's by contributing donations, goods or services to this fundraiser. Your donation is tax-deductible and a receipt will be mailed to you; please be sure to state the value of your donation and fax this form to 866-361-8954. Thank you for your support.

Sincerely,

Joan

Joan Giovanni Development Manager

NAME OF BUSINESS

ADDRESS

GIFT ITEM _______\$\$ VALUE: ______

NAME OF CONTRIBUTOR ______

PHONE ______ DATE _____

EMAIL ADDRESS _____

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