



Date:

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TO: Federation Alzheimer's Ccoordinator  
Chair

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FROM: \_\_\_\_\_

(Chapter Name and Number)

\_\_\_\_\_  
(Chapter Alzheimer's Chairperson Name)

\_\_\_\_\_  
(Chairperson address)

RE: Alzheimer's Report for Month \_\_\_\_\_ 2011

All checks should be payable to: **NARFE/Alzheimer's research**

If you receive cash, you may deposit to your NARFE Chapter account and then send a chapter check

If you are sending "memorial" money, please note a family member's name and address (and the doner's name and address if different than on the back of this form. Memorial thank you cards will be sent by your Federation Alzheimer's Coordinator. Memorial checks should be made payable to: "**NARFE/Alzheimer's Research**" and are tax deductible.

Check#	Doner (or chapter)	Amount	√ if a Memorial	In Memory of.

Total Enclosed \$ \_\_\_\_\_

Keep one copy for your chapter records

Send one copy and the check(s) to Federation Alzheimer's Coordinator