alzheimer's association®

Today's Date: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

Please provide your **HOME** address and phone.

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** ☐☐ **Zip:** ☐☐☐☐☐

Email: _____ **Phone:** ☐☐☐☐☐☐☐☐☐☐

□ Check this box if you do not wish to receive our electronic newsletter.

The following questions help the Alzheimer's Association meet the needs of the community. Your answers will be kept confidential to the Alzheimer's Association.

I am a: (Choose the ONE that best describes you)

- □ Person with memory loss
- □ Care partner (family / friend)
- □ Physician/other healthcare professional
- □ Social worker
- □ Other _____

I would like more information about:

- □ Getting a diagnosis
- □ Early stage support
- □ Donating to the cause
- □ Joining a research study
- □ Scheduling a Care Consultation
- □ Education about the disease
- □ Other resources/services in my area

Other:

_____
_____
_____
_____
_____
_____

Your Race/Ethnicity:

- □ American Indian / Alaskan Native
- □ Asian
- □ Black / African American
- □ Hispanic / Latino
- □ Native Hawaiian / Other Pacific Islander
- □ Other Race
- □ Two or more races
- □ White / Caucasian

Do you identify yourself as:

- □ Lesbian or Gay
- □ Straight or Heterosexual
- □ Bisexual
- □ Not listed
- □ Not sure

Your Year of Birth:

☐☐☐☐

What is your current gender identity:

- □ Male
- □ Female
- □ Transgender Man
- □ Transgender Woman
- □ Not listed

Please visit alz.org or call our 24/7 Helpline at (800) 272-3900 for immediate assistance.