



**NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES  
KANSAS FEDERATION OF CHAPTERS  
"THE CHAMPION OF THE FEDERAL RETIREE"**

--- NARFE / ALZHEIMER'S RESEARCH CONTRIBUTION SUBMISSION FORM ---

DATE: \_\_\_\_\_

TO: Janice Neuschafer  
Kansas Federation Alzheimer's Chair  
908 Countryside Dr  
McPherson, KS 67460-2104

FROM: \_\_\_\_\_ / \_\_\_\_\_  
(Chapter Name) (Chapter Number) (Chapter Alzheimer's Chairperson Name)

\_\_\_\_\_  
(Chairperson Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone Number)

RE: Alzheimer's Report for Month of \_\_\_\_\_, Year 20\_\_\_\_

\*\*\*\*\*Please duplicate copies from this master for your future reports\*\*\*\*\*

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 the family member's name and address (and the donor's name and address if different than on the check) on the back of this form. Memorial thank you cards will be sent by your Federation Alzheimer's Chair. Memorial checks should also be made payable to "NARFE / Alzheimer's Research" and are also tax-deductible.

<u>Ck # / Date</u>	<u>Donor</u>	<u>\$ Amount</u>	<input type="checkbox"/> <u>If a</u> <u>Memorial</u>	<u>In</u> <u>Memory of:</u>
/ - -				
/ - -				
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*(continue on back or separate sheet if more space is needed)*

**Total Enclosed: \$ \_\_\_\_\_**

One Copy for Chapter Records  
One Copy to Janice Neuschafer, KS Federation Chair

05/08

*Janice Neuschafer  
908 Countryside Dr.  
McPherson, KS 67460-2104  
(620) 241-4232  
janicen3@cox.net*

**ADDITIONAL CHECKS:** *(included in Total on front)*

<u>Ck # / Date</u>	<u>Donor</u>	<u>\$ Amount</u>	<input type="checkbox"/> <u>If a Memorial</u>	<u>In Memory of:</u>
/ - -				
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**MEMORIALS:**

<u>Donor Name &amp; Address</u>	<u>In Memory of (name):</u>	<u>Family Name &amp; Address</u>

**HOURS DONATED:**

*(Activities which make NARFE's commitment to Alzheimer's Research visible to the public.)*

<u>Name</u>	<u>Hours Donated</u>	<u>Facility / Activity</u>

**OTHER SPECIAL CONTRIBUTIONS:**

**FUND RAISING IDEAS OR GENERAL COMMENTS:**