



alzheimer's 
association™

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MC5 RESOURCE LIBRARY REQUEST FORM

Date of Request: _____ Date Needed: _____

Name: _____ Region: _____

Organization/Agency: _____ Position: _____

Street address: _____

City/State/zip: _____

Phone number: _____

Email: _____ Fax: _____

Title	Type [CD, DVD, book]

Materials must be returned within two weeks. You are responsible for the cost of return postage. Please allow 7 working days for delivery.

Return to the Alzheimer's Association office [see above for the address]

The Alzheimer's Association, St. Louis Chapter or State LTC Ombudsman Office has the right to bill patrons for the retail replacement cost of damaged or unreturned materials.

SIGNATURE: _____

DATE: _____