



2018 CHECK DEPOSIT FORM

Mail to: The Longest Day

P.O. Box 6804

Hagerstown, MD 21741-6804

(Note: please do not use FedEx or UPS. They do not deliver to P.O. Boxes).

Participant's Information (please complete as fully as possible). Please use one form per participant or team.

Participant's First Name: _____

Last Name: _____

Post funds to (choose one):

Participant's Address: _____

Phone Number: _____

Participant/Event Host (me)

Participant's City: _____

State/Country: _____ Zip: _____

Team

(Team Name: _____)

**Please make checks payable to the Alzheimer's Association.
Checks will be posted within two weeks of postmark date to the team's total.**

| Donor's Name | Address | City | State/Zip | Amount | Check # |
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Total Amount Collected: \$ _____