



CHECK DEPOSIT FORM

Mail to: The Longest Day
PO Box 6804
Hagerstown MD 21741-6804

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

Participant's First Name: _____ Last Name: _____ Team Name: _____

Participant's Address: _____ Participant's Phone Number: _____

Participant's City: _____ State/Country: _____ Zip: _____

Please make checks payable to the Alzheimer's Association.
Checks will be posted within 2 weeks of postmark date to the team's total.

Donor's Name	Address	City	State/Zip	Amount	Check #

Total Amount Collected: _____