



# CHECK DEPOSIT FORM

**NEW:** Download The Longest Day app for iPhone or Android and scan checks for automatic deposit to your personal or team fundraising page.

**Or, mail checks to:**

The Longest Day  
PO Box 6804  
Hagerstown, MD 21741 - 6804

(Note: Please only use USPS and not UPS or FedEx, as they do not deliver to post office boxes.)

Use this form to track and deposit donations made by check. Include your personal information to ensure that the donation is credited to your fundraising total, and include all donor information so they can receive a tax-exempt receipt. Checks should be made out to the Alzheimer's Association and will be posted to your fundraising total within two weeks of postmark date. Please print legibly and do not abbreviate to ensure your funds are properly credited.

## Participant Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Team Name (if applicable): \_\_\_\_\_

Company/Group (if applicable): \_\_\_\_\_

Post funds to (choose one):  My personal fundraising page  My team's fundraising page

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Donation Information:** Receipts will be emailed the same day as processing or mailed within 30 days if the donation is over \$25.

1. Donor Name \_\_\_\_\_ Gift Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

Donor Street Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

2. Donor Name \_\_\_\_\_ Gift Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

Donor Street Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

3. Donor Name \_\_\_\_\_ Gift Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

Donor Street Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

(over)

4. Donor Name \_\_\_\_\_ Gift Amount: \_\_\_\_\_ Check #: \_\_\_\_\_  
Donor Street Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_ Email: \_\_\_\_\_
5. Donor Name \_\_\_\_\_ Gift Amount: \_\_\_\_\_ Check #: \_\_\_\_\_  
Donor Street Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_ Email: \_\_\_\_\_
6. Donor Name \_\_\_\_\_ Gift Amount: \_\_\_\_\_ Check #: \_\_\_\_\_  
Donor Street Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_ Email: \_\_\_\_\_
7. Donor Name \_\_\_\_\_ Gift Amount: \_\_\_\_\_ Check #: \_\_\_\_\_  
Donor Street Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_ Email: \_\_\_\_\_
8. Donor Name \_\_\_\_\_ Gift Amount: \_\_\_\_\_ Check #: \_\_\_\_\_  
Donor Street Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_ Email: \_\_\_\_\_
9. Donor Name \_\_\_\_\_ Gift Amount: \_\_\_\_\_ Check #: \_\_\_\_\_  
Donor Street Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_ Email: \_\_\_\_\_
10. Donor Name \_\_\_\_\_ Gift Amount: \_\_\_\_\_ Check #: \_\_\_\_\_  
Donor Street Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

**Total number of checks included:** \_\_\_\_\_

**Total dollar amount included:** \_\_\_\_\_