## TEAM FUNDRAISING CREDIT FORM



## TEAM CAPTAIN NAME

TEAM NAME

WALK NAME AND LOCATION (City, State)

**Team Captain:** Use this form when submitting a check with a lump sum for team or group fundraisers to ensure that all registered team members receive their share of the fundraising credit. For example, if five team members host a bake sale that raises \$500, write down that each team member receives credit for raising \$100 (unless another amount is agreed upon).

TEAM MEMBER NAME*	AMT TO CREDIT TEAM MEMBER
TOTAL DONATION AMOUNT	\$

\*If a team member is not registered, their donations will be counted as a general team donation. Please make checks payable to Alzheimer's Association. Tax ID Number: 13-3039601