

# CONTRIBUTION TRACKING FORM



**Participant's Information** *(please complete as fully as possible)*

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Team Name \_\_\_\_\_ Walk Name, City, State \_\_\_\_\_

Please include donor's contact information below so they may receive acknowledgment of donation.

Donor's Name	Address/City/State/ZIP	Email	Amount	Check*	Cash	CC**

**Total Amount Collected:** \$ \_\_\_\_\_

By providing this information, you acknowledge and consent to the terms of the Association's Privacy Policy ([alz.org/security-and-privacy-policy](http://alz.org/security-and-privacy-policy)).

\*Make checks payable to Alzheimer's Association.

\*\*Direct donors to your personal fundraising page to make an online donation or download a paper donation form.

Alzheimer's Association Federal Tax ID Number: 13-3039601