

TEAM FUNDRAISING CREDIT FORM



TEAM CAPTAIN NAME

TEAM NAME

WALK LOCATION (City, State)

Team Captain: Please submit this form along with your team's checks or money orders to ensure that every registered member receives credit for their fundraising efforts.

This form can also be used for team fundraisers to ensure all registered team members receive their share of the fundraising credit. **For example**, if a team bake sale raises \$500, each of the five registered team members will receive a \$100 fundraising credit. By submitting this form, team members who are registered online will receive fundraising credit on their personal fundraising Web page.

TEAM MEMBER NAME*	AMT TO CREDIT TEAM MEMBER	GENERAL TEAM DONATION AMT (if applicable)	Check Cash CC		
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®