

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
225 N. Michigan Ave.
Chicago, IL 60601
Floor 17

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: _____