

CHECK DEPOSIT FORM

NEW: Download the ALZ Fundraising app for iPhone or Android and scan checks for automatic deposit to your personal or team fundraising page.

Or, mail checks to:

Do What You Love to End ALZ
225 N. Michigan Ave., Floor 17
Chicago, IL 60601

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 payable to the Alzheimer's Association and may take at least two weeks to be posted to your fundraising total. Print legibly, and do not abbreviate to ensure your funds are properly credited. Please take a photo of each check and note the date it was mailed.

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**: _____ 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: _____

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

**Yes, I would like to receive email from the Alzheimer's Association.

***By entering your mobile number, you will be opted in to receive text message updates from the Alzheimer's Association and stay involved in the fight to end Alzheimer's. You will be able to opt-out of these messages at any time. See our Privacy Policy.