2018 CHECK DEPOSIT FORM

Mail to: The Longest Day
P.O. Box 6804
Hagerstown, MD 21741-6804
(Note: please do not use FedEx or UPS. They do not deliver to P.O. Boxes)

Participant's Information (please complete as fully as possible). Please use one form per participant or team.

Participant’s First Name: _________________________
Participant’s Address: ____________________________
Participant’s City: ________________________________

Last Name: _________________________________
Phone Number: ________________________________
State/Country: ________________  Zip: __________

Post funds to (choose one):

- Participant/Event Host (me)
- Team
  (Team Name ________________________)

Please make checks payable to the Alzheimer’s Association.
Checks will be posted within two weeks of postmark date to the team’s total.

<table>
<thead>
<tr>
<th>Donor’s Name</th>
<th>Address</th>
<th>City</th>
<th>State/Zip</th>
<th>Amount</th>
<th>Check #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Amount Collected: $________________________