Walk4ALZ & Run4ALZ Donation Tracker

Fundraising Goal:

Participant Name:_____ **Team Name (if applicable):**_____

Address:_____ **City:**_____ **State:**_____ **Zip:**_____

Phone Number:_____ **Email Address:**_____

Name	Phone Number	Email Address	Type	Amount
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Please send this form along with the listed contributions to: **Alzheimer's Orange County, 2515 McCabe Way, Suite 200, Irvine, CA, 92614**			**TOTAL:**	

Please make checks payable to Alzheimer's Orange County.

*****Please note that we can only accept checks if they are made out to Alzheimer's Orange County*****

ONLY LIST DONATIONS WHICH YOU ARE TURNING IN WITH THIS SHEET.