



**Community Partnership Dues/Check Reconciliation**

PARTNERSHIP : \_\_\_\_\_ Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Email: \_\_\_\_\_

Member First Name	Member Last Name	Organization	Amount	Check #

Please return to Finance Clerk (Ryan Gianotta) at Alzheimer's Association

309 Waverley Oaks Rd Waltham MA 02452