



Walk Name \_\_\_\_\_

Walker's Name \_\_\_\_\_ Team Name \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**MY FUNDRAISING  
GOAL IS:**



Please have checks payable to: "ALS Association".  
Contributions are tax-deductible. Thank-you letters are sent to the address listed, so make sure it's correct! **Please print legibly.**

SPONSOR'S NAME	FULL ADDRESS	PHONE	DONATION AMOUNT	CHECK # OR CASH
X Jon Hamilton <small>EXAMPLE</small>	25 Any St   City, ST 12345	5555551212	\$35	Cash
X Maria Santos <small>EXAMPLE</small>	901 Your Ave   Town, ST 67890	5555554545	\$100	#123

BRING THIS FORM TO THE  
WALK TO DEFEAT ALS  
RAIN OR SHINE

**FILL THIS FORM UP?  
SEND IT AND THE MONEY IN TODAY!**



<b>CASH</b> on this form	
<b>CHECKS</b> on this form	
<b>ONLINE</b> (optional)	
<b>\$</b>	

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please attach each Matching Gift form to the corresponding donation when you turn them in