



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!**



CASH on this form	<input type="text"/>
CHECKS on this form	<input type="text"/>
ONLINE (optional)	<input type="text"/>
\$	<input type="text"/>

Notes: _____

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