

# MAIL- IN DONATION FORM



Thank you for supporting me as I participate in the  
Central Valley Walk

Participant Name: Mr. Gerardo Urzua

Participant ID: 7063629

Team Name: TEAM ERIC AMADOR PRESIDENTIAL CHEF

## STEP 1. PRINT BILLING INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

☐ Address is different than one on check. Please use above address.

## STEP 2. SELECT DONATION DETAILS

☐ \$500 ☐ \$250 ☐ \$100 ☐ \$50 ☐ \$25 ☐ Other \$ \_\_\_\_\_

☐ Cash

☐ Check # \_\_\_\_\_, made payable to: The ALS Association

☐ Credit card # \_\_\_\_\_ exp \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

Name for Participant's Donation Scroll (ex: The Smith Family or Aunt Sue): \_\_\_\_\_

## STEP 3. MAIL IT IN

Please only attach one donation per form. Send this form with your donation to:

The ALS Association Tammy Galt - Golden West Chapter

Attn: Walk to Defeat ALS

PO BOX 565

Agoura Hills, CA 91376-0565

Please note that it may take up to 2 weeks to post your donation online.

### For Office Use Only:

Check \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_

Received by \_\_\_\_\_ Entered in Luminate by \_\_\_\_\_

