MAIL- IN DONATION FORM

Walk to Defeat ALS®
The ALS Association

Thank you for supporting me as I participate in the
Portland Metro Walk

Participant Name: Malcolm P Fylan

Participant ID: 7201737

Team Name: Malcolm's Milers

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 Chelsey Hirtzer - Oregon and SW Washington Chapter
Attn: Walk to Defeat ALS
700 NE Multnomah Street
Suite 210
Portland, OR 97232

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 _____

ALS ASSOCIATION