MAIL- IN DONATION FORM



Thank you for supporting me as I participate in the Lexington Walk Presented by ToyotaParticipant Name: Melissa NewtonParticipant ID: 6831549

Team Name: Airborne Singer

STEP 1. PRINT BILLING INFORMATION

First Name:		Last Name:	
Addr	ess:		
City:		_ State: Zip:	
Phone:		_ Email (optional):	
	◯ Address is different t	han one on check. Please us	e above address.
ST	EP 2. SELECT DONATION		⊃ Other \$
\bigcirc	Cash		
\bigcirc	Check #, made payable	e to: The ALS Associatio	n
\bigcirc	Credit card #		exp /
	Signature		
Nam	e for Participant's Donation Scroll (ex: The S	mith 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 Daly Muller - Kentucky Chapter
Attn: Walk to Defeat ALS
13102 Eastpoint Park Blvd.
#101
_ouisville, KY 40223
Please note that it may take up to 2 weeks to post your donation online.

