MAIL- IN DONATION FORM

Walk to Defeat ALS®
The ALS Association

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

Participant Name: Mr. Chris L. Mavraedis

Participant ID: 3392883

Team Name: Team Mavo

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 Golden West
Attn: Walk to Defeat ALS
P.O. 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 _____

ALS ASSOCIATION