MAIL- IN DONATION FORM



Thank you for supporting me as I participate in the

DC Walk

Participant Name: Ms. Rose Bonner

Participant ID: 2741200

Team Name: Johnnie and Kay Miller Family

STEP 1. PRINT BILLING INFORMATION

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 DC/MD/VA Chapter Attn: Walk to Defeat ALS 30 W Gude Dr 3te 150	First Name:	Last Name:
Phone: Email (optional):	Address:	
STEP 2. SELECT DONATION DETAILS \$500 \$250 \$100 \$50 \$25 Other \$	City:	State: Zip:
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 DC/MD/VA Chapter Attn: Walk to Defeat ALS W Gude Dr Ste 150	Phone:	Email (optional):
\$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 DC/MD/VA Chapter Attn: Walk to Defeat ALS W Gude Dr Ste 150	○ Addi	ress is different than one on check. Please use above address.
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 DC/MD/VA Chapter Attn: Walk to Defeat ALS W Gude Dr Ste 150	STEP 2. SELECT DOI	NATION DETAILS
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 DC/MD/VA Chapter Attn: Walk to Defeat ALS 80 W Gude Dr Ste 150		○\$100 ○\$50 ○\$25 ○ Other \$
Credit card # exp/	○ Cash	
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 DC/MD/VA Chapter Attn: Walk to Defeat ALS 30 W Gude Dr Ste 150	Check #	made payable to: The ALS Association
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The ALS Association DC/MD/VA Chapter Attn: Walk to Defeat ALS 30 W Gude Dr Ste 150	STEP 3. MAIL IT IN	
Attn: Walk to Defeat ALS 30 W Gude Dr Ste 150	Please only attach one donation p	er form. Send this form with your donation to:
200K/JIIQ IVII I 20X50	Attn: Walk to Defeat ALS 30 W Gude Dr Ste 150	Chapter
Please note that it may take up to 2 weeks to post your donation online.	Rockville, MD 20850 Please note that it may take up to	2 weeks to post your donation online

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