

# MAIL- IN DONATION FORM



Thank you for supporting me as I participate in the  
Southeast Walk

Participant Name: Carolyn Bender

Participant ID: 8577800

Team Name: Betsy's Work Fam

## 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 Diane Jones - Central & Southern Ohio

Attn: Walk to Defeat ALS

1170 Old Henderson Rd

Suite 221

Columbus, OH 43220

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 \_\_\_\_\_

