

MAIL- IN DONATION FORM



Thank you for supporting me as I participate in the
Walk to Defeat ALS Winston-Salem

Participant Name: Mr. Harold J Brown

Participant ID: 2671046

Team Name: KERI's CRUSADERS

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 Gerald Talley - North Carolina Chapter

Attn: Walk to Defeat ALS

4 North Blount Street

Suite 200

Raleigh, NC 27601

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 _____

