

MAIL- IN DONATION FORM



Thank you for supporting me as I participate in the
Walk to Defeat ALS Richmond

Participant Name: Mrs. Bree Sullivan

Participant ID: 4151083

Team Name: The Sullivan Ohana

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 DC/Maryland/Virginia

Attn: Walk to Defeat ALS

8100 Three Chopt Road

Suite 147

Richmond, VA 23229

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 _____

