

# MAIL- IN DONATION FORM



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

Participant Name: Megan Taylor

Participant ID: 8856285

Team Name: O-H-M-O

## 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 Central & Southern Ohio  
Attn: Walk to Defeat ALS  
1170 Old Henderson Road  
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 \_\_\_\_\_

