MAIL- IN DONATION FORM

Walk to Defeat ALS®
The ALS Association

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

Participant Name: Michele Roy

Participant ID: 8978202

Team Name: Team Westphal

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 The ALS Association - Twin Cities Walk Coordinator
Attn: Walk to Defeat ALS
1919 University Ave W
Ste 175
St Paul, MN 55104

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 _____

ALS ASSOCIATION