



Walker's Name \_\_\_\_\_ Team Name \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

**MY FUNDRAISING GOAL IS:**

Please have sponsors prepay with checks payable to: "The ALS Association" or "ALSA."  
 Contributions are tax-deductible. Thank-you letters are sent to the address listed, so make sure it's correct!  
 Have sponsors write your name and team in the memo portion of the check. **Please print legibly.**

SPONSOR'S NAME	FULL ADDRESS	PHONE	DONATION AMOUNT	CHECK # OR CASH
X Jon Hamilton <small>EXAMPLE</small>	25 Any St   City, ST 12345	5555551212	\$35	Cash
X Maria Santos <small>EXAMPLE</small>	901 Your Ave   Town, ST 67890	5555554545	\$100	#123

BRING THIS FORM TO THE  
 WALK TO DEFEAT ALS  
 RAIN OR SHINE

**FILL THIS FORM UP?  
 SEND IT AND THE MONEY IN TODAY!**



<b>CASH</b> on this form	<input type="text"/>
<b>CHECKS</b> on this form	<input type="text"/>
<b>ONLINE</b> (optional)	<input type="text"/>
<b>\$</b>	<input type="text"/>

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Please attach each Matching Gift form to the corresponding donation when you turn them in