



MAIL-IN DONATION FORM

Team Race for ALS- Choose Your Own

I would like to make a contribution in honor of the following participant:

Participant Name: _____

Donor Information:

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Payment Information:

Contribution Amount: \$500 \$250 \$100 \$50 \$25 Other \$_____

Check Number: _____

Visa:___ MasterCard:___ Discover:___ AmEx:___

Credit Card #: _____ Exp. Date: _____ Security Code: _____

Please complete and mail this form along with your check made payable to the Les Turner ALS Foundation to:

Les Turner ALS Foundation
Attn: Team Race for ALS
5550 W. Touhy Avenue, Suite 302
Skokie, IL 60077-3254

THANK YOU!