



## MAIL-IN DONATION FORM

Strike Out ALS 5k and 1 Mile Run, Walk & Roll

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

Participant Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

### Donor Information:

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_

### 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: Strike Out ALS 5k and 1 Mile  
5550 W. Touhy Avenue, Suite 302  
Skokie, IL 60077-3254

**THANK YOU!**