



**WALK FOR HOPE. WALK FOR HELP. WALK FOR LIFE.**

**MAIL-IN DONATION FORM**

**PARTICIPANT INFORMATION:**

**I would like to make a contribution in honor of:**

Captain/Walker Name: \_\_\_\_\_

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

**DONOR INFORMATION:**

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

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

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

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

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

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

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

**THANK YOU!**

**Questions? Contact us:** [events@lesturnerals.org](mailto:events@lesturnerals.org) or 847 679 3311 or visit [ALSWalkforLife.org](http://ALSWalkforLife.org)