



## MAIL-IN DONATION FORM

Team Race for ALS – Bank of America Chicago Marathon

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: Chicago Marathon  
5550 W. Touhy Avenue, Suite 302  
Skokie, IL 60077-3254

**THANK YOU!**