



# DONATION DEPOSIT SLIP



Please include a deposit slip with your pledges. It makes crediting each walker easier and more accurate.

Please fill this out based on the deposit you are turning in today.

Total Amount of Checks \$ \_\_\_\_\_

Total Amount of Cash \$ \_\_\_\_\_  
(Do not mail cash! This field applies to Packet Pickup and drop off at The ALS United NC Office.)

Participant's Name \_\_\_\_\_  
Participant's Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Team (if applicable) \_\_\_\_\_

**Total Amount Enclosed**  
\$

Is each of these donations entered into your Participant Center? If not, which ones are?

✓	Donor Name	Amount	✓	Donor Name	Amount
		\$			\$
		\$			\$
		\$			\$

*For Office Use Only:*  
Checks \$ \_\_\_\_\_  
Cash \$ \_\_\_\_\_  
Amount Enclosed \$ \_\_\_\_\_  
Received by \_\_\_\_\_  
Entered in Luminate by \_\_\_\_\_

Please send this slip and your collected donations to:  
ALS UNITED NORTH CAROLINA • 4 N Blount St Ste 200 • Raleigh, NC 27601



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