



Walker's Name _____ Team Name _____

Email Address _____ Phone _____

Address _____

\$

Please have sponsors prepay with checks payable to: "ALS United North Carolina"
 Contributions are tax-deductible. Thank-you letters are sent to the address listed, so make sure it's correct!
 Have sponsors write your name and team in the memo portion of the check. **Please print legibly.**

| SPONSOR'S NAME | FULL ADDRESS | PHONE | DONATION AMOUNT | CHECK # OR CASH |
|---------------------------------------|-------------------------------|------------|-----------------|-----------------|
| X Jon Hamilton <small>EXAMPLE</small> | 25 Any St City, ST 12345 | 5555551212 | \$35 | Cash |
| X Maria Santos <small>EXAMPLE</small> | 901 Your Ave Town, ST 67890 | 5555554545 | \$100 | #123 |
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Bring this sheet with you to the
Walk ALS United - RAIN OR SHINE



**FILL THIS FORM UP?
SEND IT AND THE MONEY IN TODAY!**

**ALS United North Carolina
4 N Blount St. | Ste. 200
Raleigh, Nc 27601**



| | |
|-------------------------------|--|
| CASH on this form | |
| CHECKS on this form | |
| ONLINE (optional) | |
| \$ | |

Notes: _____

*Please attach each Matching Gift form to the corresponding donation when you turn them in