



DONATION COLLECTION FORM

WALKER'S NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE: DAY ()		EVENING ()
EMAIL	FAX	

PLEASE MAKE CHECKS PAYABLE TO *ALS OF MICHIGAN*

Complete address information *must* be provided for all cash donations in order to receive receipts for tax purposes.

PLEASE USE REVERSE SIDE AND ADDITIONAL SHEETS AS NECESSARY TO RECORD COMPLETE INFORMATION.

PLEASE PRINT ALL DONOR INFORMATION CLEARLY

NAME			DONATION AMOUNT	
ADDRESS			CASH	
CITY	STATE	ZIP	CHECK	
PHONE ()	EMAIL		Matching?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME			DONATION AMOUNT	
ADDRESS			CASH	
CITY	STATE	ZIP	CHECK	
PHONE ()	EMAIL		Matching?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME			DONATION AMOUNT	
ADDRESS			CASH	
CITY	STATE	ZIP	CHECK	
PHONE ()	EMAIL		Matching?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME			DONATION AMOUNT	
ADDRESS			CASH	
CITY	STATE	ZIP	CHECK	
PHONE ()	EMAIL		Matching?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME			DONATION AMOUNT	
ADDRESS			CASH	
CITY	STATE	ZIP	CHECK	
PHONE ()	EMAIL		Matching?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

SUBMIT FORMS AND DONATIONS TO TEAM CAPTAINS ON OR BEFORE THE DAY OF THE WALK OR

If you are unable to attend the Walk, please convert all cash to a check and bring or mail with form to:

ALS OF MICHIGAN, INC.
24359 NORTHWESTERN HIGHWAY, SUITE 100
SOUTHFIELD, MI 48075



Hope • Help • Here for You™

For more information call Kim at (800) 882-5764
 ext. 225 or email at Kim@alsofmi.org

*Please check "Yes" if your company will match your gift.

2018 Donation Form, Pg. 2 PLEASE PRINT ALL DONOR INFORMATION CLEARLY

NAME			DONATION AMOUNT	
ADDRESS			CASH	
CITY	STATE	ZIP	CHECK	
PHONE ()	EMAIL		Matching?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME			DONATION AMOUNT	
ADDRESS			CASH	
CITY	STATE	ZIP	CHECK	
PHONE ()	EMAIL		Matching?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME			DONATION AMOUNT	
ADDRESS			CASH	
CITY	STATE	ZIP	CHECK	
PHONE ()	EMAIL		Matching?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME			DONATION AMOUNT	
ADDRESS			CASH	
CITY	STATE	ZIP	CHECK	
PHONE ()	EMAIL		Matching?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME			DONATION AMOUNT	
ADDRESS			CASH	
CITY	STATE	ZIP	CHECK	
PHONE ()	EMAIL		Matching?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME			DONATION AMOUNT	
ADDRESS			CASH	
CITY	STATE	ZIP	CHECK	
PHONE ()	EMAIL		Matching?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME			DONATION AMOUNT	
ADDRESS			CASH	
CITY	STATE	ZIP	CHECK	
PHONE ()	EMAIL		Matching?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME			DONATION AMOUNT	
ADDRESS			CASH	
CITY	STATE	ZIP	CHECK	
PHONE ()	EMAIL		Matching?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Please check Yes if your company will match your gift.