



**2010
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 and in order to receive tax deduction receipts.

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***

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



Hope • Help • Here for You™

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

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
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.