



2017 TEAM TRAIL SIGN ORDER FORM

Team Name _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Day (_____) _____ Evening (_____) _____

Fax (_____) _____ Email _____

Signs are 18" x 24" – 1 sided – black on white corrugated plastic and will be delivered to the walk you specify: Kensington Lake Erie Lansing Midland Stony Creek

SIGN MESSAGE _____

Pictures welcome – enclose hard copy or email JPG format to *Joanne@alsofmi.org*

_____ *Trail signs @ \$20.00 each = \$* _____

Credit Card Number _____

(MasterCard/Visa/AmEx/Discover) *We do not keep your information on file*

Expiration Date _____ Cardholder Name _____

Total Amount _____ Signature _____

Mail completed form with check or credit card information to:

ALS of Michigan, Inc.
24359 Northwestern Hwy., Ste. 100
Southfield, MI 48075

Or **email** to:

Joanne@alsofmi.org



Hope • Help • Here for You™
Lou Gehrig's Disease

For more information call Joanne at (800) 882-5764 ext. 225