



# 2018 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  Lansing  Midland  Stony Creek

SIGN MESSAGE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pictures welcome** – enclose hard copy or email JPG format to [Joanne@alsofmi.org](mailto: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](mailto:Joanne@alsofmi.org)



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Lou Gehrig's Disease

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