



# 2018 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**

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



Hope • Help • Here for You™

\*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.