



# 2019 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 [kim@alsofmi.org](mailto:kim@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 \_\_\_\_\_

<b>Mail</b> completed form with check or credit card information to:	ALS of Michigan, Inc. 24359 Northwestern Hwy., Ste. 100 Southfield, MI 48075
Or <b>email</b> to:	<a href="mailto:kim@alsofmi.org">kim@alsofmi.org</a>



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

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