



**2008
DONATION COLLECTION FORM**
(All Walkers Complete This Form)

Walker Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Fax _____ Email _____

Team Name/Team Captain _____

Please make checks payable to: **ALS of Michigan** *address must be included to receive tax deduction receipt (required for all cash donations)

PLEASE **PRINT** YOUR DONOR'S INFORMATION CLEARLY

NAME	ADDRESS/PHONE	DONATION		MATCHING GIFT √ if your company will match your gift
		Check	Cash	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Return completed form and all donations to:

Day of Walk – Turn form and donations into your Team Captain
If you are unable to attend the Walk – Please convert all cash to a check and mail to:
 ALS of Michigan, Inc.
 21311 Civic Center Dr., Suite 200
 Southfield, MI 48076

For more information contact Joanne Berry at 800-882-5764 ext. 225