



DONATION DEPOSIT SLIP

Please include a deposit slip with your pledges. It makes crediting each walker easier and more accurate.

Participant's Name _____
 Participant's Address _____ Apt # _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Team (if applicable) _____

Is each of these donations entered into your Participant Center? If not, which ones are?

✓	Donor Name	Amount
		\$
		\$
		\$

✓	Donor Name	Amount
		\$
		\$
		\$

Please send this slip and your collected donations to:



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Please send this slip and your collected donations to:

Please fill this out based on the deposit you are turning in today.

Total Amount of Checks \$ _____

Total Amount of Cash \$ _____
(Do not mail cash! This field applies to Packet Pickup and drop off at The ALS Association office.)

Total Amount Enclosed

\$ _____

For Office Use Only:

Checks \$ _____
 Cash \$ _____
 Amount Enclosed \$ _____

Received by _____
 Entered in Luminate by _____

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