



Walker's Name \_\_\_\_\_ Team Name \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**MY FUNDRAISING  
GOAL IS:**



Please have sponsors prepay with checks payable to: "ALS Association Golden West Chapter"  
 Contributions are tax-deductible. Thank-you letters are sent to the address listed, so make sure it's correct!  
 Have sponsors write your name and team in the memo portion of the check. **Please print legibly.**

| SPONSOR'S NAME                        | FULL ADDRESS                  | PHONE      | DONATION AMOUNT | CHECK # OR CASH |
|---------------------------------------|-------------------------------|------------|-----------------|-----------------|
| X Jon Hamilton <small>EXAMPLE</small> | 25 Any St   City, ST 12345    | 5555551212 | \$35            | Cash            |
| X Maria Santos <small>EXAMPLE</small> | 901 Your Ave   Town, ST 67890 | 5555554545 | \$100           | #123            |
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BRING THIS FORM TO THE  
WALK TO DEFEAT ALS  
RAIN OR SHINE

**FILL THIS FORM UP?  
SEND IT AND THE MONEY IN TODAY!**



|                               |  |
|-------------------------------|--|
| <b>CASH</b><br>on this form   |  |
| <b>CHECKS</b><br>on this form |  |
| <b>ONLINE</b><br>(optional)   |  |
| <b>\$</b>                     |  |



Notes: \_\_\_\_\_  
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\*Please attach each Matching Gift form to the corresponding donation when you turn them in