2024 ALS UNITED WALK PLEDGE SHEET

Participant's Name: _____

Team Name: _____

Email Address: _____ Phone Number: _____

Address: _____

Please have donors prepay with checks payable to: "ALS United Mid-Atlantic." 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.**

FUNDRAISING GOAL $

DONOR'S NAME	FULL ADDRESS	PHONE	DONATION AMOUNT	CHECK # OR CASH
X Hannah Smith	Street, City, State, ZIP	123-456-789	$25	Check #202

COMPLETED FORM? SEND IT TO ALS UNITED MID-ATLANTIC!

ALS United Mid-Atlantic

ALS United Mid-Atlantic ATTN: ALS United Walk
321 Norristown Road
Suite 260
Ambler, PA 19002

CASH ON THIS FORM	
CHECKS ON THIS FORM	
$	

Notes: _____