

PARTICIPANT'S NAME

## SCOTT A. MACKLER MEMORIAL 5K RUN/WALK DONATION FORM

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 donors write your name and team in the memo portion of the check. Please print legibly.

Please send this slip and your donations to: ALS United Mid-Atlantic, 1015 Virginia Drive, Suite 110, Fort Washington, PA 19034

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TEAM NAME				
WALK LOCATION				
DONOR'S FULL NAME _				
DONOR'S ADDRESS			APT	<sup>-</sup> #
CITY		STATE	ZIP	
PHONE NUMBER				
EMAIL				
DONATION AMOUNT: \$				
NOTES:				
FOR OFFICE USE ON	LY			
CHECKS \$	CASH \$	AMC	OUNT ENCLOSE	)\$
RECEIVED BY ENTERED IN LUMINATE BY				