

2026 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
 ATTN: ALS United Walk
 1015 Virginia Drive, Suite 110
 Fort Washington, PA 19034

Notes: _____

CASH	
ON THIS FORM	
CHECKS	
ON THIS FORM	
\$	