



LOU GEHRIG'S DISEASE

Les Turner ALS Foundation
5550 W. Touhy Avenue
Suite 302
Skokie, IL 60077-3254
847-679-3311
847-679-9109 fax
888-ALS-1107 toll free
www.lesturnerals.org



ALS March of Faces

HELP PROMOTE ALS AWARENESS BY PARTICIPATING IN THE LES TURNER ALS FOUNDATION - ALS MARCH OF FACES BANNER

THE BANNER

The ALS March of Faces Banner is a pictorial display of the courageous women and men, both past and present stricken with the fatal neuromuscular disease, amyotrophic lateral sclerosis, also known as Lou Gehrig's disease. PALS (person with ALS) Kyle Hahn conceived the Banner in July 1997, as an advocacy and awareness tool. The Banner segments stretch over 700 feet and includes more than 2,500 PALS. The Banner is utilized to heighten public awareness, raise funds for patient services and research, as well as advocating on issues that benefit PALS and their families. It has traveled extensively across the country and around the world.

ALS MARCH OF FACES

The ALS March of Faces is a patient/caregiver governed and operated non-profit organization, dedicated to heightening public awareness of ALS, and advocating on issues that concern and/or benefit PALS (People with ALS).

HOW TO PARTICPATE:

1. The Photograph

Mail a photo of the PALS (person with ALS) to:
Les Turner ALS Foundation
5550 W. Touhy Avenue, Suite 302
Skokie, IL 60077

OR

Email a .jpg or .tif version of a photo and copy and paste the submission form into the body of your email to:
dmarron@lesturnerals.org

- Photos are enlarged to 5" x 7" portrait orientation for banner imprint; landscape orientation photos will incur cropping.
• You are welcome to include family or caregivers in the picture if you wish.
• Photos in memoriam are accepted.
• Photos will be returned after they are scanned for the banner.

2. The Submission Form

Please include the following information:

PALS Name
PALS Date of Birth
PALS Diagnosis Date
PALS Address
PALS City, State, Zip
PALS Email Address
PALS Telephone (optional) (Memoriam Only)
PALS Date of Passing

Include contact's information if applicable:

Contact Name
Contact Address
Contact City, State, Zip
Contact Email Address
Contact Telephone

YES, I want this name listed on the March of Faces Banner website (http://www.march-of-faces.org)

3. The Permission Waiver

By my own personal authority or power of attorney, I give permission to use the photograph of submitted to the ALS March of Faces to be printed on the ALS March of Faces Banner and the Les Turner ALS Foundation - ALS March of Faces Banner for purposes of awareness, advocacy and the Les Turner ALS Foundation's fundraising issues and events that concern or benefit people with ALS.

Signature Date