



Les Turner ALS Foundation Donation Form
Please mail or fax this form, with your donation to the address on page 2.

**PLEASE NOTE – THERE ARE TWO PAGES TO THIS FORM.
PLEASE COMPLETE BOTH PAGES.**

I would like to make a one-time gift for the following amount:	
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Donor Information

Title	
First Name	
Last Name	
E-mail	
Company Name	
Address Line 1	
Address Line 2	
City	
State	
Zip Code	
Phone	
Country	

Payment Information

Payment Type (circle one)	Credit Card Check
Check Number	
Card Holder Name	
Credit Card Number	
CVV Number <small>(3 digits on back for Visa/MC/Discover, 4 digits on front right for American Express)</small>	
Card Type (circle one)	Visa MC Discover American Express
Expiration Date	



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Billing Information

Title	
First Name	
Last Name	
Address Line 1	
Address Line 2	
City	
State	
Zip Code	
Phone	
Country	

Matching Gift Information

Will this gift be potentially matched?	YES NO
Company Name	
Match Amount	

Tribute or Memorial Information

This gift is:	In Honor Of:	
	In Memory Of:	
	Other (please indicate):	
Person to recognize:		
ALS Patient:	YES NO	
Person to Acknowledge		
Acknowledgee Address Line 1		
Acknowledgee Address Line 2		
Acknowledgee City		
Acknowledgee State		
Acknowledgee Zip		

Please mail or fax this form, with your donation to:
 Les Turner ALS Foundation
 5550 W. Touhy Avenue, Suite 302
 Skokie, IL 60077
 847-679-3311 (phone)
 847-679-9109 (fax)
 www.lesturnerals.org