



**Les Turner ALS Foundation Donation Form
ALS WALK4LIFE**

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:	
Walker Name: (if blank, will go to Team)	
Team Name: (if blank, will go to General Walk)	

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	

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