

# Thank You



★★★★★

## Gift Information

DONOR NAME (EX: THE SMITH FAMILY OR BOB AND SUE SMITH): \_\_\_\_\_

\$500  \$250  \$100  \$50  \$25  OTHER \$\_\_\_\_\_

ONE-TIME GIFT  RECURRING GIFT | FREQUENCY \_\_\_\_\_ | TOTAL AMOUNT \_\_\_\_\_

THIS GIFT IS IN HONOR / MEMORY (CIRCLE ONE) OF: \_\_\_\_\_

NO CARD NECESSARY  PLEASE SEND A NOTIFICATION CARD TO:

FULL RECIPIENT NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MESSAGE (OPTIONAL): \_\_\_\_\_

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## Donor Information

TITLE: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL (OPTIONAL): \_\_\_\_\_

ADDRESS IS DIFFERENT THAN ONE ON CHECK. PLEASE USE THIS ADDRESS.

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## Payment Information

CHECK # \_\_\_\_\_ MADE PAYABLE TO: THE ALS ASSOCIATION | TOTAL INCLUDED: \$ \_\_\_\_\_

PLEASE ONLY ATTACH ONE DONATION PER FORM.

SEND THIS FORM WITH YOUR DONATION TO:



**THE ALS ASSOCIATION**  
**TEXAS CHAPTER**  
2551 CHENAULT DRIVE  
CARROLLTON, TX 75006

If your employer has a matching gift program,  
you could double your support to  
The ALS Association!

Check with your employer, or visit  
[MatchingGifts.com/als](http://MatchingGifts.com/als)  
for more information.

The ALS Association is a qualified 501(c)(3) tax-exempt organization and donations are tax-deductible to the full extent of the law. No goods or services were provided for this gift. Please consult your tax advisor regarding specific questions about your deductions.