

Thank You



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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
2251 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
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.