



Les Turner ALS Foundation
Lou Gehrig's Disease
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lesturnerals.org

DONATION FORM

Please use this form to select whether you are making an honor or memorial gift, a general donation or in support of a person participating in a Foundation special event. If you are making a special event gift, please include the event name and person you are supporting. If you are making an honor or memorial gift, please fill in the last portion of the form. Mail or fax the form to the Foundation office. **Double your donation! Check to see if your company provides matching gifts.**

Type of Gift: Honor/Memorial General Donation Special Event

Event Name: _____ In Support of: _____

Donor Information:

Title(s): _____ First Name(s): _____ Last Name(s): _____

E-mail: _____ Company Name: _____

Street Address: _____ Apt/Suite/Floor #: _____

City: _____ State: _____ ZIP: _____

Payment Information:

Payment Type: Credit Card Check (attach to form) Cash

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____

Honor/Memorial Information:

This gift is in: Honor of Memory of

Person to Recognize: _____ ALS Patient? Yes No

A tribute card will only be sent to the person indicated below. If this portion is left empty, no card will be sent. Tribute cards do not include the amount of the gift made.

Person to Notify: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Additional Comments: _____