



2024 Team ALS Donation Form

Runner Information

Runner Name _____

Donation Amount \$50 \$100 \$250 \$500 Other Amount: _____

Donor Information

First Name _____ M.I. _____ Last Name _____

Billing Address _____

City, State, Zip _____

Phone _____

Email Address _____

(*Go green and let us email your receipt!)

Payment Information

Payment Method Credit Card Check # _____ Cash

Credit Card Type MasterCard Visa American Express Discover

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____ CVV Code _____

Signature _____ Date _____

Please make checks payable to: ALS United Greater Chicago



Please submit donation form and payment to:

ALS United Greater Chicago

Attn: Sarah Brandt

5315 N Clark St #650

Chicago, IL 60640