



Wish to remain anonymous?: Participants and Teams are notified of donations. No information recorded on this form will be sold or provided to any third party. If you would like your contribution to remain anonymous, please check the following box.

DONATION FORM (choose team OR participant – donations to participants are shown on the team page)

A TEAM DONATION FOR _____
(TEAM NAME) Donation will not be allocated to a participant.

-OR-

A PARTICIPANT DONATION FOR _____
(PARTICIPANT NAME)

Thank you for your support of the Tri-State Trek and its commitment to end Lou Gehrig's disease. Your donation will bring ALS TDI that much closer to finding a cure for this horrible disease.

Donor Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Email** _____

Please accept my enclosed check for _____ as a donation to the Tri-State Trek.

(Checks should be made payable to Tri-State Trek)

-OR-

Please bill my credit card the amount of _____ as a donation to the Tri-State Trek.

Visa **Master Card** **American Express**

Acct # _____ **Expiration Date** _____

Signature _____

I would like the amount of my donation to remain undisclosed when being reported to the team.

Your donation is tax-deductible and greatly appreciated. All gifts will receive a receipt from ALS TDI.

PLEASE RETURN THIS FORM WITH YOUR DONATION INFORMATION TO:

ALS Therapy Development Institute • Tri-State Trek • 300 Technology Sq. Ste 400 • Cambridge, MA • 02139
PHONE: 617.441.7200 • FAX: 617.441.7299