



Donation Form

(choose team OR participant – participant's donations 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 closer to finding a cure for this horrible disease.

Donor Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

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:

Please accept my enclosed check for _____ as a donation to the 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

Account # _____ Expiration Date _____

Signature _____

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

Your donation is tax-deductible and greatly appreciated. All gifts will receive a receipt from the ALS Therapy Development Institute.

PLEASE RETURN THIS FORM WITH YOUR DONATION INFORMATION TO:

ALS THERAPY DEVELOPMENT
INSTITUTE

ALS Therapy Development Institute • Tri-State Trek • 480 Arsenal St, Ste 201 • Watertown, MA 02472
PHONE: 617.441.7200 • FAX: 617.441.7299