MAIL-IN DONATION FORM

STEP 1 – BILLING INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____Email _____

STEP 2 – DONATION INFORMATION

Amount: _____

◯ Cash

◯ Check # _____ Make payable to ALSUOC

◯ Credit Card #_____ Exp. _____

Code _____ Signature _____

STEP 3 – DONATION PURPOSE

◯ Campaign or Event (i.e. Walk, Year End, etc.) _____

Participant Name (if applicable) _____

Name for Honor Scroll (i.e. Smith Family, Fred & Jan Smith)

_____

◯ In Memory/In Honor (circle one)

Name of Honoree/Tributee _____

◯ General Fund

STEP 4 – MAIL IT IN

Please only attach one donation per form. Send this form with your donation to:

ALS United Orange County
14471 Chambers Road, Suite 111
Tustin, CA 92780

Please note that it may take up to 2 weeks to post your donation online. Questions call/text 714-285-1088 or email info@alsuoc.org.

Office Use Only

Entered date _____ **Initials** _____