



Note: The Participant or Team you are supporting will be notified of your contribution to their fundraising efforts. No information recorded on this form will be sold or provided to any third party vendors. If you would like your contribution to remain anonymous, please check the following box.

DONATION FORM

Participant/ Team Name _____

TEAM DONATION

- This donation should be reflected in the above named Team's Fundraising Page only

Thank you for your support of Race 4 Research 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 Race 4 Research.

(Checks should be made payable to ALS TDI)

OR

- Please bill my credit card the amount of _____ as a donation to Race 4 Research.

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 participant.

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 • Race 4 Research • 300 Technology Square, Suite 400 • Cambridge, MA 02139

PHONE: 617.441.7200 FAX: 617.441.7299