



MAIL DONATION FORM

Office: ALS Care Project, 4450 Belden Village Street, Suite 216
Canton, OH 44718

Your generosity funds the ALS mission for making a significant difference in the lives of people with ALS, both locally and throughout the USA and world.

Make check payable to ALS Care Project. Please type or clearly print your information on this form to accompany your contribution and mail to the ALS Care Project office.

I have enclosed a gift of \$

General fund:

Specific need:

Program Sponsorship: (please specify)

Total Amount:

Name

Company

Address

City State Zip Code

Telephone No. Email address:

I am making this gift in honor of

In celebration of Birthday Anniversary Other

I am making this gift in memory of

Please send a card acknowledging this gift to:

Name

Address

City State Zip Code

Thank you for donating to ALS Care Project. Your contribution is tax-deductible and deeply appreciated. All funds stay local.