

THE ALS THERAPY DEVELOPMENT INSTITUTE

# CORNTOSS CHALLENGE

Powered by the Young Faces of ALS

## DONATION FORM

Corntoss Challenge City: \_\_\_\_\_

Please direct my donation to the following Team or Participant's fundraising efforts:

Team/Participant Name: \_\_\_\_\_

I want my donation to remain anonymous

I want to hide the amount of my donation

### DONOR INFORMATION

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PAYMENT INFORMATION

Please accept my enclosed check *(checks should be made payable to ALS TDI)*

Please use the information below to bill my credit card for the amount \$ \_\_\_\_\_

Type:  Visa  MasterCard  Amex  Discover

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

#### PLEASE RETURN THIS FORM TO

ALS Therapy Development Institute • 480 Arsenal Street, Suite 201 • Watertown, MA • 02472

Phone: 617.441.7200 • Fax: 617.441.7299

*Thank you for your support! Your donation is tax-deductible and you will receive a receipt from ALS TDI.*