



DONATION FORM



*Thank you for your contribution to further the mission of The ALS Association Greater Chicago Chapter.
With your support, we are able to continue to provide the top-tier services, fund research, and advocate!*

Donor Information

First Name _____ M.I. _____ Last Name _____

Billing Address _____

City, State, Zip _____

Phone _____ Email Address _____

Donation Information

Donation Amount ☐ \$50 ☐ \$100 ☐ \$250 ☐ \$50 ☐ Other Amount: \$ _____

Payment Information

Payment Method: ☐ Credit Card ☐ Cash ☐ Check # _____

Make checks payable to:
The ALS Association
Greater Chicago Chapter

If paying by credit card, please fill out the below information. By signing your name, you are authorizing us to charge your card.

Name on Credit Card _____

Credit Card Number _____ Expiration Date _____ CVV Code _____

Signature _____ Date _____

Tribute Information

If this donation is a tribute gift, please fill out the following information.

☐ In Honor ☐ In Memory Name _____

☐ Yes, please send a letter of acknowledgement to:

Name _____ Address _____

Please send donation form and payment to:

The ALS Association Greater Chicago Chapter

939 W Randolph St, Suite 2W
Chicago, IL 60607

alsachicago.org | 312.932.0000

I am interested in:

- ☐ Volunteer Opportunities
- ☐ Receiving your Newsletter
- ☐ Operation Sunflower
(recurring giving)