



**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 Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### TEAM DONATION

Yes, this donation should be reflected in the above named rider's Team Fundraising effort.

Team Name \_\_\_\_\_

Thank you for your support of the Tri-State Trek 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 the Tri-State Trek.

**(Checks should be payable to Tri-State Trek)**

OR

Please bill my credit card the amount of \_\_\_\_\_ as a donation to the Tri-State Trek.

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 • Tri-State Trek • 215 First Street • Cambridge, MA • 02142  
PHONE: 617.441.7200 • FAX: 617.441.7299

