



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: _____

Thank you for your support of the Corntoss Challenge and its commitment to end Lou Gehrig's disease. Your donation will bring ALS TDI closer to finding a cure for this horrible disease.

Donor Name: _____

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Wish to remain anonymous? Participants and Teams are notified of donations. No information recorded on this form will be sold or provided to any third party. If you would like your contribution to remain anonymous, please check the following box:

Please accept my enclosed check for _____ as a donation to the Corntoss Challenge.

OR

Please bill my credit card the amount of _____ as a donation to the Corntoss Challenge.

Visa

Master Card

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Account # _____ Expiration Date _____

Signature _____

I would like the amount of my donation to remain undisclosed when being reported to them

Your donation is tax-deductible and greatly appreciated. All gifts will receive a receipt from the ALS Therapy Development Institute.

PLEASE RETURN THIS FORM WITH YOUR DONATION INFORMATION TO:

ALS THERAPY DEVELOPMENT
INSTITUTE

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