



DONATION DEPOSIT SLIP

Please include a deposit slip with your pledges. It makes crediting each walker easier and more accurate.

Please fill this out based on the deposit you are turning in today.

Participant Name _____

Team Name _____

Participant's Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Total Amount of Checks \$ _____

Total Amount of Cash \$ _____

Total Amount Enclosed
\$ _____

Please check the box if you would like the donor's name to be listed as anonymous in the honor roll.

<input checked="" type="checkbox"/>	Donor Name	Amount
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
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Please send this slip and your collected donations to: ALS United Greater New York | 42 Broadway - Suite 1724 | New York, NY 10004



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