

MAIL-IN DONATION FORM



Thank you for supporting
ALS Arizona with your
Tax Credit Donation

STEP 1. PRINT BILLING INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email (optional): _____

Address is different than one on check. Please use above address.

STEP 2. SELECT DONATION DETAILS

\$400 \$200 \$100 \$50 \$25 Other \$ _____

Cash

Check # _____, made payable to: ALS Arizona

Credit card #: _____ exp: _____ / _____

Signature: _____

Name for recognition: _____ (ex: The Smith Family or Aunt Sue): _____

STEP 3. MAIL IT IN

Please only attach one donation per form and **always use a security envelope**.
Send this form with your donation to:

ALS Arizona
Attn: Tax Credit Donation
360 E Coronado Rd Ste 140
Phoenix, AZ 85004

Please note that it may take up to 2 weeks to post your donation online.

For Office Use Only:

Check # _____ Cash \$ _____

Received by _____ Entered in Luminate by _____

