

## **DONATION DEPOSIT SLIP**

**CHECKS SHOULD BE MADE PAYABLE TO:** 

**ALS United of Georgia** 

227 Sandy Springs Pl NE, Suite D, Box #304 Sandy Springs, GA 30328

Entered in Luminate by

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

	's Name					
'articinant'						Total Amount Enclosed
				Apt #		<b>*</b>
				Zip		\$
eam (if app	plicable)					For Office Use Only:
each of ti	hese donations entered in	nto your Participant (	Center? If not	t, which ones are?		
<b>√</b>	Donor Name	Amount	<b>✓</b>	Donor Name	Amount	Checks \$ Cash \$
		\$			\$	Amount Enclosed \$
$\neg$		\$			\$	Received by
$\dashv$		\$			\$	Entered in Luminate by
ase senc	d this slip and your coll	ected donations to	o: ALS Unit	<b>ed of Georgia</b>   227 Sand	dy Springs Pl NE, Su	ite D, Box #304   Sandy Springs, GA
	Please include a	TION DE  a deposit slip with you  ng each walker easie	ur pledges.			
	's Name					Total Amount Enclosed
Participant's Address Apt #						\$
ty State Zip						•
ione			_ Email _			
am (if app	plicable)					For Office Use Only:
each of t	hese donations entered in	nto your Participant (	Center? If not	t, which ones are?		Checks \$
/	Donor Name	Amount	<b>✓</b>	Donor Name	Amount	Cash \$
			<del>                                     </del>			Amount Enclosed \$
		Ś	1 1		15 1	
		<del></del>			\$	Received by
		\$			\$	Received by Entered in Luminate by
		<del></del>				
ase send	k DONA  Please include a	\$	POS our pledges.	IT SLIP	\$	
Nal AL E O R G irticipant	None Please include a lt makes crediti	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	POS our pledges. r and more ad	IT SLIP	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Entered in Luminate by
Nal AL E O R G rticipant'	Note that the second se	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	POS ur pledges. r and more ad	IT SLIP ccurate. Apt #	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	te D, Box #304   Sandy Springs, GA
Nal AL E O R G rticipant' rticipant'	No please include a It makes crediti	\$ \$ ected donations to TION DE a deposit slip with young each walker easie	POS  ur pledges. r and more ac	CCUrate.  Apt #	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	te D, Box #304   Sandy Springs, GA
Nal	No please include a It makes crediti	\$ \$ ected donations to TION DE a deposit slip with young each walker easie	POS  ur pledges. r and more ac	IT SLIP ccurate. Apt #	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	te D, Box #304   Sandy Springs, GA
Nal E O R G rticipant' rticipant' rticipant' cy one	Please include a It makes crediti 's Name 's Address  plicable)	\$ \$ \$ ected donations to TION DE a deposit slip with yong each walker easie	POS  our pledges. r and more ac  State Email	IT SLIP  ccurate.  Apt # Zip	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	te D, Box #304   Sandy Springs, GA  Total Amount Enclosed  For Office Use Only:
Nal E 0 R 6 rticipant' rticipant' one am (if appeach of the	Please include a It makes crediti 's Name 's Address  plicable)  hese donations entered in	\$ \$ ected donations to TION DE a deposit slip with young each walker easie	ur pledges. r and more ad State Email	ccurate.  Apt # Zip t, which ones are?	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Total Amount Enclosed  For Office Use Only:  Checks \$
Nale of Reservicion Reservicio	Please include a It makes crediti 's Name 's Address  plicable)	\$ \$ \$ ected donations to TION DE a deposit slip with yong each walker easie	POS  our pledges. r and more ac  State Email	IT SLIP  ccurate.  Apt # Zip	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	te D, Box #304   Sandy Springs, GA  Total Amount Enclosed  For Office Use Only: