



DONATION DEPOSIT SLIP

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

CHECKS SHOULD BE MADE PAYABLE TO:
ALS United of Georgia
227 Sandy Springs PI NE, Suite D, Box #304
Sandy Springs, GA 30328

Participant's Name _____
Participant's Address _____ Apt # _____
City _____ State _____ Zip _____
Phone _____ Email _____
Team (if applicable) _____

Is each of these donations entered into your Participant Center? If not, which ones are?

✓	Donor Name	Amount
		\$
		\$
		\$

✓	Donor Name	Amount
		\$
		\$
		\$

Total Amount Enclosed
\$ _____

For Office Use Only:
Checks \$ _____
Cash \$ _____
Amount Enclosed \$ _____
Received by _____
Entered in Luminare by _____

Please send this slip and your collected donations to: **ALS United of Georgia** | 227 Sandy Springs PI NE, Suite D, Box #304 | Sandy Springs, GA 30328



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