



# DONATION DEPOSIT SLIP

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

**Ensure all checks are made payable to ALS New Mexico**

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
	\$
	\$
	\$

Ensure ALL Checks are made out to **ALS New Mexico**:

Mail in or drop by? Our office is located at 2309 Renard PI SE Suite 105



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

Total Amount of Checks \$ \_\_\_\_\_

Total Amount of Cash \$ \_\_\_\_\_

Ensure ALL Checks are made out to **ALS New Mexico**

**Total Amount**

**Enclosed \$**

*For Office Use Only:*

Checks \$ \_\_\_\_\_

Cash \$ \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Received by \_\_\_\_\_

Entered in Luminare by \_\_\_\_\_

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