

MAIL IN DONATION FORM

Ensure all checks are made payable to ALS New Mexico

Thank you for your donation! To make a financial contribution via the mail, please print this form and send your gift to:

ALS New Mexico
2309 Renard Pl. SE
Suite 105
Albuquerque, NM, 87106



Contact Information

Name _____
Address _____
City _____ State _____ Zip _____
Email/Phone _____

Donation Destination

Participant Name _____
Team Name (If Applicable) _____

Gift Information

Donation Ammount \$50 \$100 \$150 \$250 \$1,000 Other _____

Payment Information

- My donation is enclosed - **Please make payable to ALS New Mexico**
 My donation is with card Discover Visa MasterCard Other _____

Card Number _____

Name on Card _____

Expiration Date _____ Security Code _____

Note - This is NOT your pin number

Signature _____

Billing Adress If Applicable

Name _____

Address _____

City _____

Email/Phone _____

