



*Yes, I would like to join in the fight against ALS.*

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*I am paying by check - amount:* \_\_\_\_\_

*I am paying by credit card - amount:* \_\_\_\_\_

*Credit card #:* \_\_\_\_\_ *exp:* \_\_\_\_\_

*Please make check payable to The Angel Fund and mail to  
649 Main Street, Wakefield, MA 01880*

