

"Strike Out ALS" Bracelet Order Form



Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

THERE IS A 10 BRACELET MINIMUM PER ORDER

Number of Bracelets @ \$2.00 each + Shipping Costs \$ _____

(please add \$4.00 per every 50 bracelets for shipping costs)

Total Amount \$ _____

Credit Card Number _____ Exp. _____

(Please circle) Visa / Master Card/ Amex

Your Signature _____

Simply print and fax this form to **(212) 619-7409**

Or mail with check to:

The ALS Association

42 Broadway

Suite 1724

New York, NY 10004

Attn: Rebecca Silver Fisher

If you have any questions concerning the "Strike Out ALS" Bracelets, please contact **Rebecca Silver Fisher** at the **Special Events Department** at **(212)720-3043**.