

Name of Walker Collecting Donations: _____

Page _____ of _____

Name of Team & Team Captain: _____

2011 AGS Virtual Walk for a Better Life: Donation List

MAKE CHECKS PAYABLE TO: ALAGILLE SYNDROME ALLIANCE

| | Donor Name | Mailing Address (if receipt requested) | Amount Donated | | Date check sent to Alliance |
|----|------------|--|----------------|------|-----------------------------|
| | | | Check | Cash | |
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Page Subtotal \$ _____ \$ _____

Signature of Walker Collecting Donations: _____

"I confirm that the donations listed constitute all of the money I have collected for the Alagille Syndrome Alliance Virtual Walk for a Better Life"
Questions? Contact Joe Anderson at alagilleguy@msn.com or Cindy Hahn at alagille@alagille.org. Download additional Donor Sheets from the Alliance web site at www.alagille.org.

*Thank you for your support. Together we **will** make a difference!*