



Memory Maker

Please chose a memory maker from the following list or make your own memory maker (something you always wanted to do or have or something you really need).

- ♥ Family Portrait
- ♥ Trip to an amusement park (example: Disneyland, Sea World)
- ♥ Four tickets to the Sporting Event of your choice
- ♥ Night at the theater
- ♥ \$_____ gift card to _____ store
- ♥ I have always wanted to: _____

Memory maker not to exceed \$500. All requests are subject to availability of funds and entries shall be picked at the full discretion of Hearts for ALS. Eligibility for memory makers every three years.

Individual Information

Name: _____ Diagnosis: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____
Contact person _____ Phone# _____
Physician _____ Phone# _____

Signature: _____

With your signature, you authorize your physician to disclose medical information to Hearts for ALS limited to confirmation of diagnosis in order to fulfill your grant

Please provide any pertinent information about the request and about the individual named above,

Mail form to: Hearts for ALS, 536 S. Plymouth Pl. Anaheim, Ca. 92806