



FACES OF ALS BANNER

Name (person in portrait): _____

Address (person in portrait) or Contact: _____

City: _____

Province: _____

Postal Code: _____

E-Mail: _____

Contact Name: _____

Year of Birth or Lifespan (eg. 1940 – 2013): _____

Date of Diagnosis: _____ (Month/Year)

PERMISSION WAIVER REQUIRED

By my own personal authority or by Power Of Attorney, I give permission to use the photograph of _____ submitted to THE ALS SOCIETY OF ALBERTA to be printed on the ALS SOCIETY OF ALBERTA FACES OF ALS Community Banner for the purpose of Awareness, advocacy and fundraising issues and events that concern and benefit People with ALS (PALS).

Signature: _____

Date: _____ - _____

Please scan the completed form and send along with a high resolution .jpg photo to: marie@alsab.ca

Marie Nicholson
ALS Society of Alberta
7874 10 Street NE
Calgary, AB T2E 8W1
Tel: (403) 228-3857
Fax: (403) 228-7752