



Les Turner ALS Foundation  
Lou Gehrig's Disease  
5550 W Touhy Ave Suite 302  
Skokie, IL 60077-3254

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## ALS March of Faces

### HELP PROMOTE ALS AWARENESS BY PARTICIPATING IN THE LES TURNER ALS FOUNDATION - ALS MARCH OF FACES BANNER

#### THE BANNER

The ALS March of Faces Banner is a pictorial display of the courageous women and men, both past and present, stricken with the fatal neuromuscular disease, amyotrophic lateral sclerosis, also known as Lou Gehrig's disease. PALS (person with ALS) Kyle Hahn conceived the Banner in July 1997, as an advocacy and awareness tool that represents those currently living with ALS as well as those who have passed away from the disease. The Banner is utilized to heighten public awareness, raise funds for patient services and research and advocate on issues that benefit PALS and their families. Banners are displayed each year at the ALS Walk4Life.

#### HOW TO PARTICIPATE:

##### 1. The Photograph

**Mail** a photo of the PALS (person with ALS) to:  
Les Turner ALS Foundation  
5550 W. Touhy Avenue, Suite 302  
Skokie, IL 60077

**Email** a .jpg or .png version of a photo and attach the submission form to:  
**OR** [hpeltier@lesturnerals.org](mailto:hpeltier@lesturnerals.org)

- Photos are resized to fit a portrait orientation for banner imprint; landscape orientation photos will incur cropping.
- You are welcome to include family or caregivers in the picture if you wish.
- Photos in memoriam are accepted.
- If requested, photos will be returned after they are scanned for the banner.

##### 2. The Submission Form

Please include the following information:

#### FOR THE BANNER:

PALS Name \_\_\_\_\_

PALS Date of Birth \_\_\_\_\_

PALS Diagnosis Date \_\_\_\_\_

#### FOR OFFICE USE

PALS Address \_\_\_\_\_

PALS City, State, Zip \_\_\_\_\_

PALS Email Address \_\_\_\_\_

PALS Telephone (optional) \_\_\_\_\_

PALS Date of Passing (IF in memoriam, optional) \_\_\_\_\_

Include contact's information if applicable:

Contact Name \_\_\_\_\_

Contact Address \_\_\_\_\_

Contact City, State, Zip \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Contact Telephone \_\_\_\_\_

##### 3. The Permission Waiver

By my own personal authority or power of attorney, I give permission to use the photograph of \_\_\_\_\_ submitted to the Les Turner ALS Foundation – ALS March of Faces Banner for purposes of awareness and advocacy.

Signature \_\_\_\_\_ Date \_\_\_\_\_