



Les Turner ALS Foundation  
5550 W. Touhy Avenue, 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 ALS. Kyle Hahn, a person who lived with ALS, 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 and advocate on issues that benefit people living with ALS and their families. A new banner is created each year and all banners, old and new, are displayed annually at the Strike Out ALS 5k and 1 Mile Run, Walk & Roll and the ALS Walk for Life.

#### HOW TO PARTICIPATE:

##### 1. The Photograph

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

OR

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

#### PERSON LIVING WITH ALS INFORMATION FOR THE BANNER:

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Date of Diagnosis \_\_\_\_\_

Include contact's information (if applicable):

Contact Name \_\_\_\_\_  
Contact Address \_\_\_\_\_  
Contact City, State, Zip \_\_\_\_\_  
Contact Email Address \_\_\_\_\_  
Contact Telephone \_\_\_\_\_

#### PERSON LIVING WITH ALS INFORMATION FOR OFFICE USE

Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Telephone (optional) \_\_\_\_\_  
Date of Passing (IF in memoriam, optional) \_\_\_\_\_

##### 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 \_\_\_\_\_