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 PARTICPATE:
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
   - Email a .jpg or .png version of a photo and attach the submission form to:
     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 ________________________

Your support is vital to ensuring every person living with ALS in the Chicagoland area can receive the help they need. If you would like to make a donation, please visit helpcureals.org.