

ALS Chapter Grant Application

August 1, 2023 - January 31, 2024

Application must be received by January 1, 2024 for consideration.

Grant approvals are based on available funds, and approvals are not guaranteed.

Please do not include receipts with your application.

Applicant Information:

Name: _____

*Note: Oregon or SW Washington address (PO BOX will not be accepted.)

Physical Address (No PO Box): _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

ALS Clinic Name: _____ or Neurologist Name: _____

Date of Diagnosis: _____ Date of Birth: _____

Primary Caregiver Information *(This may include a family caregiver, spouse, or family member):*

Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Relationship to Patient: _____

Please sign application on page 2

This program is funded by events such as our Walk to Defeat ALS.

OUR VISION Create a world without ALS.

OUR MISSION Leading the fight to treat and cure ALS through global research and nationwide advocacy while also empowering people with Lou Gehrig's Disease and their families to live fuller lives by providing them with compassionate care and support.

Headquarters Office: 825 NE Multnomah St., Suite 940, Portland, OR 97232
Phone: 503-238-5559 • Fax: 503.296.5590 • www.alsoregon.org

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Please sign and date this application

Mail, fax, or email to the Chapter office at:

The ALS Association Oregon SW Washington Chapter
825 NE Multnomah St., Suite 940
Portland, OR 97232

Phone: 503-238-5559 ext. 100

Fax: 503-296-5590

Email: CareServices@alsolegon.org

The information I provided is true, correct and complete. I have read the ALS Chapter Grant Program document and agree to abide by all requirements as noted. I understand that approval of all grants will be based on available funds, and once approved I will have access to the grant funds for the funding period.

Applicant (Print Name)

Applicant (signature)

Date

Relationship to person living with ALS

*Policies and procedures are subject to change.
Grant approval based on available funds.*

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