

# Remembering Our Loved Ones

ALS Northwest has created a meaningful way to remember the remarkable people we provided care and support for during their time living with ALS. As a surviving family member, you can choose to include your loved one in this meaningful opportunity. Please submit this form and a print-quality photograph. These pictures are respectfully displayed on banners that are shared at our Ski, Walk, and Ride events. **Thank you for sharing in this effort.**



Please fill out below and either email your high-resolution photo (min. of 1 MB; 300 dpi resolution) and form to: [careservices@alsoregon.org](mailto:careservices@alsoregon.org) - OR - mail your photo and form to:

ALS Northwest  
Attention: Care Services  
825 NE Multnomah St, Suite 940,  
Portland, OR 97232

*(If you wish to have your photo returned, please include a self-addressed stamped envelope.)*

**All photos and information must be received by March 1, 2025, to ensure placement on future banners.**

**Please fill out the following information as you would like it seen in print:**

(Person with ALS) PALS' Name: \_\_\_\_\_

PALS' Date of Birth (MM/DD/YY): \_\_\_\_\_ Diagnosis Date (YYYY): \_\_\_\_\_

Date of Passing (MM/DD/YY): \_\_\_\_\_ City & State (upon passing): \_\_\_\_\_

## Person filling out this form:

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to PALS: \_\_\_\_\_

**Please check which events you, family, and friends are most likely to attend so we can include your loved one on the banner:**

- Portland Walk    Vancouver, WA Walk    Salem Walk    Eugene Walk    Medford Walk  
 Bend Walk    Ski    Ride

By my own personal authority/power of attorney, I give permission to use this photograph and information submitted to ALS Northwest to be printed in their Remembering Our Loved Ones Campaign.

Signature: \_\_\_\_\_



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