wfc ARCHITECTS

ALS Association
Fighting Lou Gehrig's Disease

Employer Gift Matching

Employee Verification Information

Full Name: _____ _____ _____ Date: _____
Last *First* *M.I.*

Address: _____ _____
Street Address *Apartment/Unit #*

_____ _____ _____ _____
City *State* *ZIP Code*

Phone: _____ Email: _____

Company Position: _____

Did you complete the ALS Ice Bucket Challenge? YES ☐ NO ☐

Disclaimer and Signature

I certify that I am an Employee to WFC Architects and that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application may result in an investigation.

Electronic Signature: _____ Date: _____