



Mail-In Donation Form

Yes! I want to support the DEFEAT MSA mission to fund research towards a cure; educate healthcare professionals; and provide support, information and hope for affected persons and their families.

Enclosed is my contribution of: \$50 \$100 \$250 \$500 \$1000 Other _____

Dedication Information (if needed):

In Memory of OR In Honor of:
(circle one)

Program Goals (circle one):

- 1) Clinical Research (Aims to Help People Now)
- 2) Patient Support (Phone, Online & In-Person)
- 3) Medical Education (All Health Professionals)
- 4) Public Awareness (Everywhere We Can)

Send Acknowledgement To:

First Name: _____ Last Name: _____

Address: _____

City: _____ State / Prov: _____ Zip / Postal Code: _____

Country: _____ Phone: _____ Email: _____

Donor Information: First Name: _____ Last Name: _____

Address: _____

City: _____ State / Prov: _____ Zip / Postal Code: _____

Country: _____ Email: _____

Thank you for your gift. If requested, an acknowledgement will be sent to the person specified.

You may also make a contribution via our convenient and secure website at www.DefeatMSA.org

Please send this completed form and your check or money order to:

The Defeat MSA Alliance
29924 Jefferson Avenue
Saint Clair Shores, Michigan 48082, USA

Defeat MSA Alliance® is a registered 501(c)(3) charitable organization. EIN: 46-0661655