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