



For Strength,
Independence & Life

Please print this form and send it along with your donation to:

Muscular Dystrophy Association - WEB
PO Box 97075
Washington, DC 20090-7075

Please select donation amount

- \$ _____
- \$500
- \$250
- \$100
- \$50
- \$25

Enclosed is my check

Please charge my debit or credit card

Visa MasterCard American Express Discover

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Exp. Date (mm/yy) ____/____

Make this a monthly recurring donation (credit/debit cards only)

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I would like to receive e-mail updates on MDA research progress and events

If you would like your gift to be a tribute, please complete this section:

Choose gift type

- In Memory of
- In Honor of

Honoree's Name / In Memory of _____

To have a Notification Letter sent, please complete the following:

Name _____

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