



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 20077-7258

**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

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date (mm/yy) \_\_\_\_/\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Email \_\_\_\_\_

Country (if outside USA) \_\_\_\_\_ Phone (    ) \_\_\_\_\_

*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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_