

# Fill the Boot

## Deposit Allocation Form



**Fire Department Name:** \_\_\_\_\_

**City, State:** \_\_\_\_\_

**IAFF Local Number:** (if applicable) \_\_\_\_\_

**MDA Contact/Staff:** \_\_\_\_\_

**Fundraiser Type:**

- ☐ Fill the Boot
- ☐ Sponsorship/Donation
- ☐ Event (indicate event name below)

**Event Type (if Event):**

(i.e. Softball Tournament, Brewery  
Event, etc.)

**Donation Date:** \_\_\_\_\_

**Donation Amount:** \_\_\_\_\_

**Please fill out and mail with your check to:**

Muscular Dystrophy Association Inc  
PO Box 7410354  
Chicago, IL 60674-0354

### Reminders

Include your department name  
and state on the memo lines of  
the check.

Take a photo of the completed  
form and check and send to your  
MDA contact before mailing.