

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
Attn: Fill the Boot
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.