



Mail-In Donation Form

Yes! I want to support increasing MSA Awareness and Raising Research Funds!
#DefeatMSA #KickMSA #DeFeetMSA #WeRememberMSA #DefeatMSANow

Enclosed is my contribution of: \$50 \$100 \$250 \$500 \$1000 Other _____

Dedication Information (if needed):

In Memory of OR In Honor of:
(circle one)

How are you connected to MSA? _____

Acknowledgement Information – Name of the Person Being Honored:

First Name: _____ Last Name: _____ (Family of)

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.MSAshoe.org

Please send this completed form and your check or money order to:

DEFEAT MSA AWARENESS SHOE - 501(c)(3)
29924 Jefferson Avenue
Saint Clair Shores, Michigan 48082, USA

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