



## NALC MDA Donation Allocation Form

Please select one:

- NALC Branch Number \_\_\_\_\_
- State Association \_\_\_\_\_
- Auxiliary \_\_\_\_\_
- Region \_\_\_\_\_
- Other \_\_\_\_\_

MDA Event Name/Event Type \_\_\_\_\_

MDA Event Date \_\_\_\_\_ Donation Amount \_\_\_\_\_

NALC Contact Name \_\_\_\_\_ NALC Contact Role \_\_\_\_\_

Contact Email \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Branch President's Name \_\_\_\_\_

President's Email \_\_\_\_\_ President's Phone Number \_\_\_\_\_

Please fill out and mail along with your MDA donation check to:

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

Thank you.

### **MDA Contact/Staff**

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