



NATIONAL ASSOCIATION OF LETTER CARRIERS BRANCH ACTIVITY REPORT

TO: MUSCULAR DYSTROPHY ASSOCIATION

This will confirm that our Branch conducted a fundraising campaign on behalf of MDA and raised a total of \$ _____ for the Association's research and health care services programs.

Yes! Our Branch would like to be represented on the local broadcast of the MDA Labor Day Telethon.

NALC BRANCH INFORMATION

NALC BRANCH NAME _____

BRANCH NO. _____

BRANCH PRESIDENT _____

BRANCH ADDRESS _____

CITY/STATE _____

ZIP CODE _____

TELEPHONE NO. _____

FUNDRAISING ACTIVITY INFORMATION

TYPE OF FUNCTION _____

DATE OF FUNCTION _____

AMOUNT RAISED \$ _____

(GROSS)

\$ _____

(EXPENSES)

\$ _____

(NET)

TOTAL AMOUNT MAILED TO _____

(NAME OF MDA REPRESENTATIVE)

ON _____

(DATE)

MDA FIELD OFFICE _____

(CITY)

(STATE)

SIGNATURE _____

(BRANCH PRESIDENT)

(DATE)

COPY DISTRIBUTION

1. Mail **ONE COPY** to Business Development, c/o Muscular Dystrophy Association, National Headquarters, 3300 East Sunrise Drive, Tucson, AZ 85718-3299.
2. Mail **ONE COPY** to Mr. Jim Williams, MDA Coordinator, National Association of Letter Carriers, 100 Indiana Avenue, Washington, DC 20001.
3. Mail/Deliver **TWO COPIES** with donation in check or money order to your local MDA representative.
4. Mail **ONE COPY** to your NALC business agent.

Completion of this Activity Report will allow President Fredric V. Rolando and the NALC to report on the nationwide MDA Labor Day Telethon the great job our nation's Letter Carriers are doing for MDA.

(Extra copies of this form are available from your local MDA representative.)