



## NALC MDA Donation Allocation Form

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

MDA District/City \_\_\_\_\_

MDA Contact/Staff \_\_\_\_\_

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

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

Donor Name \_\_\_\_\_

**NEW ADDRESS BELOW:** 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.