



**Printable Donation Form**

Please print this form, fill it out, and send along with your donation to:

Muscular Dystrophy Association - LEGACY RIDE  
1500 W. Shaw Ave. Suite #200  
Fresno, CA 93711

*If your donation with this form is received by **July 15th, 2003**  
it goes towards The Legacy Ride's eligilbilty for the Parade of MDA Heroes*

**Payment Method:**

- Enclosed is my check PAYABLE TO MDA  
 Please charge my credit or debit card account using the information provided below.

I'm happy to make a tax-deductible contribution to MDA of:

\$ \_\_\_\_\_  \$500  \$250  \$100  \$50  \$25

American Express  Discover  MasterCard  VISA

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date (mm/yy) \_\_\_\_/\_\_\_\_

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Your First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country  
(if outside U.S.A.): \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Evening Phone: (\_\_\_\_) \_\_\_\_\_

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Your support will help MDA continue its research and service programs for 40 different diseases. Or, you can specify a specific program or disease here:

- Research  Clinics  Summer Camp  Support Groups  Duchenne MD  
 Amyotrophic Lateral Sclerosis (ALS)  Charcot-Marie-Tooth Disease (CMT)  
 Spinal Muscular Atrophy (SMA)

Other \_\_\_\_\_

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**If you would you like this gift to be a tribute, please answer the following:**

SELECT  
ONE.

This gift is...  
 In Memory of  
 In Honor of  
To Mark a Special  
Occasion:

- Birthday  
 Graduation  
 Anniversary  
 Other \_\_\_\_\_

Honoree's Name: \_\_\_\_\_

**To have notification card(s) sent, please complete the following.**

I would like a notification card without the gift amount mailed to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country (if outside U.S.A.): \_\_\_\_\_

From (Your name as you would  
like it to appear on the card): \_\_\_\_\_  
\_\_\_\_\_

I would like a *second* notification card without the gift amount mailed to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country (if outside U.S.A.): \_\_\_\_\_

From (Your name as you would  
like it to appear on the card): \_\_\_\_\_  
\_\_\_\_\_