

Myasthenia Gravis Foundation - Great Lakes Chapter

Date: _____

Please except my tax deductible donation of \$ _____

- Membership
- In Memory of _____
- In Honor of _____
- Other _____

- Special Occasion:
- Birthday
 - Get Well
 - Anniversary
 - Other _____

We will send an acknowledgement (without amount)

Person to notify _____
 Street Address _____
 City _____ State ____ Zip _____

Make Checks Payable to:
**Myasthenia Gravis
 Foundation of America**

Donor Name _____
 Street Address _____
 City _____ State ____ Zip _____
 Phone (____) _____

- Keep Me Anonymous
- Change of Address

- MG Patient
- Relative
- Friend
- Other _____

- Please send information on Planned Giving
- Please send information needed for Employer Matching gifts

Restricted for:
 Research
 Local Chapter
 Where Needed

___ Visa ___ Mastercard ___ American Express ___ Discover

\$ _____ Dollar Amount

Card Number _____ Card Expiration Date ____/____

CSC _____ (last 3 digits in signature block area)

Name on Card _____ Authorizing Signature _____