



NALC MDA Donation Allocation Form

- 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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