



**Thank you for your interest in our MDA Muscle Team Event!**

Your support is greatly appreciated and will directly impact the lives of kids, adults and their families living with muscular dystrophy, ALS and related life-threatening diseases that take away muscle strength and mobility.

Yes! I would like to attend the 2017 Lansing MDA Muscle Team Gala.

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

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

Number of Tickets (\$150 each) \$\_\_\_\_\_

Name of Attendees: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

**Payment Information**

Enclosed is my check for the total amount. (All checks must be made payable to: Muscular Dystrophy Association)

We are unable to attend, but would like to make the enclosed tax-deductible contribution to MDA: \$\_\_\_\_\_.

Please bill my (please check one):  Discover  MasterCard  Visa  AMEX

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_ Billing ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_

**Please return completed form and payments to Muscular Dystrophy Association Attn: Cindy Clark no later than August 25, 2017.**