



MICHIGAN

DECA

Verification of MDA Funds Raised

March 1, 2017 to February 28, 2018

Must be filled out by the Chapter Advisor and Submitted to your MDA Representative

Chapter/School _____

Advisor _____

School Address _____

City _____ Zip _____

Phone Number _____

Email _____

Event Information:

Event _____ Date _____

Location _____

Gross _____

Expenses _____ (Note: Expenses incurred by MDA will also be deducted from your gross)

Net _____ (to be sent to MDA)

This form and the donation *must be received and verified* by MDA before February 28, 2018 to receive recognition at the 2018 Michigan DECA State Conference.

Make check payable to the Muscular Dystrophy Association, and send to:

Muscular Dystrophy Association, 2133 University Park Drive #400, Okemos, MI 48864



Verified by MDA

Sponsor Code: X.1110

Amount Received \$ _____ Date Received _____

Net Amount to be reported \$ _____

MDA Signature _____