



DECA MDA Donation Allocation Form

✚ DECA Chapter: _____

✚ School Name: _____

✚ City/State: _____

✚ Advisor Name, email, phone: _____

Event Name/Event Type: _____

Event Date: _____ Donation Amount: _____

Donor Name: _____

NEW ADDRESS BELOW: Please fill out and mail along with your MDA donation check to:

Muscular Dystrophy Association Inc
Attn: DECA
PO Box 7410354
Chicago, IL 60674-0354