

**Deadline:**

**February 28, 2024 to be recognized at the Michigan DECA State Career Development Conference**

\_\_\_\_\_  
Michigan DECA Chapter

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Advisor's Name

\_\_\_\_\_  
Advisor's phone

\_\_\_\_\_  
Advisor's email address

\_\_\_\_\_  
Event Name and/or Event Type

\_\_\_\_\_  
Event Date

\_\_\_\_\_  
Donation Amount

\_\_\_\_\_  
Donor Name

**Please include this completed form and mail with your donation to:**

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