MDA DONATION FORM

Deadline: February 28, 2027 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