

BE A STAR!



Name _____

Address _____

City _____ state _____ zip _____

Phone _____

Email _____

YOUR DOLLARS MAKE A DIFFERENCE!

- ☆ \$25 funds one flu shot
- ☆ \$65 funds one minute of research
- ☆ \$100 funds one session of a MDA Support Group
- ☆ \$600 sends one child to MDA Summer Camp
- ☆ \$2000 contributes to the purchase of a wheelchair, leg braces or a communication device



Cash Donations: (People writing you a check or giving you cash)

- ☆ All checks must be made payable to MDA.
- ☆ MDA does NOT need a listing of each cash donation, so please DO NOT add these donors to this pledge sheet.
- ☆ Receipts are available upon request for cash donors.

Donations to be billed by MDA:

- ☆ Please complete this pledge sheet with all the information including the zip code. MDA will bill your donors within one week following the Telethon.
- ☆ These donors will receive a receipt when their pledge slip arrives in the mail.

NAME	ADDRESS	CITY/ZIP	AMOUNT TO BE BILLED BY MDA
page total			\$

All donations are tax-deductible. PLEASE PRINT CLEARLY Questions? MDA: (608) 222-3269

PLEASE USE THIS FORM FOR PLEDGES TO BE BILLED BY MDA.
PLEASE DO NOT RECORD CASH DONATIONS

