



## Memorial Donation Form

Yes! I want to support The MSA Coalition's mission to fund research towards a cure; educate healthcare professionals; and provide support, information and hope for affected persons and their families.

Enclosed is my contribution of: \$50  \$100  \$250  \$500  \$1000  Other \_\_\_\_\_

### Dedication Information:

In memory of: \_\_\_\_\_

### Send acknowledgment to:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Prov: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Donor Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Prov: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Thank you for your memorial gift. Acknowledgement will be sent to the person specified.

You may also make a memorial contribution conveniently and securely on our website at [www.multiple-system-atrophy.org](http://www.multiple-system-atrophy.org)

**Please send this completed form and your check or money order to:**

**The MSA Coalition  
9935-D Rea Road, #212  
Charlotte, NC 28277**