Mail-in 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/in honor of: ____________________________________________
(circle one)

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 gift. Acknowledgement will be sent to the person specified.

You may also make a contribution conveniently and securely on our website at www.multiple-system-atrophy.org

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

The MSA Coalition

7918 Jones Branch Drive, Suite 300

McLean, VA 22102

The Multiple System Atrophy Coalition® is a registered 501(c)3 charitable organization. EIN: 74-2926378