



The Myasthenia Gravis Association of Colorado
 Mail to MGA P.O. Box 201501 Denver, CO 80220
 Membership Application

Name: _____
 Address _____
 City _____ State _____ Zip _____ Phone Number _____

Amount \$30.00

Email address: _____ Newsletter by email ___ Yes ___ No
 Do you want to get Support Group reminder card? ___ Yes ___ No
 Mail to MGAC P.O. BOX 201501 Denver, CO 80220

Additional Donations: Total Enclosed \$ _____

Companion Membership (Same address as Member)\$10.00

Name _____

Gift Membership (Different address than member)\$30.00

Name _____
 Address _____ City _____ State _____ Zip _____

Additional Donations Research _____

Honor/Memorial _____ Support _____ Name _____

Address _____
 City _____ State _____ Zip _____

All Contributions are Tax Deductible

(Keep this half as your receipt)

Date Sent _____
 Name _____
 Address _____
 City _____ State _____ Zip _____ Phone Number _____

Amount Due \$30.00

Email address _____ Newsletter by email ___ Yes ___ No
 Do you want to get Support Group reminder card? ___ Yes ___ No
 Mail to MGAC P.O. BOX 303 Lafayette, CO 80026-0303

Additional Donations: Total Enclosed \$ _____

Companion Membership (Same address as Member)\$10.00

Name _____

Gift Membership (Different address than member)\$30.00

Name _____
 Address _____ City _____ State _____ Zip _____

Additional Donations

Research _____ Honor/Memorial _____
 Support _____ Name _____
 Address _____
 City _____ State _____ Zip _____

All Contributions are Tax Deductible