

Donation Form

Mail To:

Myasthenia Gravis Association of Colorado

PO Box 303

Lafayette, CO 80026

Make check payable to: "Myasthenia Gravis Association of Colorado"

Please credit this donation to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Please designate my donation of \$ _____ (amount) as:

Support

"Pay Forward" for _____ Expense (specify).

Research

Memorial: In memory of _____.

Matching (donee): _____