



Mail-In Donation Form

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

Enclosed is a contribution: \$50 \$100 \$250 \$500 \$1000 Other _____

Dedication Information (if needed):

In Memory of OR In Honor of:

(circle one)

Program Goals (circle one):

1) Clinical Research (Aims to Help People Now)

2) Patient Support (Phone, Online & In-Person)

3) Medical Education (All Health Professionals)

4) Public Awareness (Everywhere We Can)

Send Acknowledgement To:

First Name: _____ Last Name: _____

Address: _____

City: _____ State / Prov: _____ Postal Code: _____

Country: _____ Phone: _____ Email: _____

Donor Information: First Name: _____ Last Name: _____

Address: _____

City: _____ State / Prov: _____ Postal Code: _____

Country: _____ Email: _____

Thank you for your gift. If requested, an acknowledgement will be sent to the person specified.

You may also make a contribution via our convenient and secure website at:

www.MSAdownunder.org.au or www.MSAdownunder.org.nz

Please send this completed form and cheque to:

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