



Mail-In Donation Form

Yes! I want to support the DEFEAT MSA CANADA 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 (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: _____ Prov: _____ Postal Code: _____

Country: _____ Phone: _____ Email: _____

Donor Information: First Name: _____ Last Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Country: _____ Email: _____

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

You may also donate via our convenient and secure website at www.MSAcanada.ca

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

Defeat Multiple System Atrophy Canada - Vaincre l'Atrophie Multisystématisée Canada
3041 Dougall Ave, Ste., 208 Windsor, ON N9E 1S3

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