



# MUSCLEwalk™

# Team Donation Form

PLEASE PRINT ALL INFORMATION.

MDA Muscle Walk of: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Team Name: \_\_\_\_\_

Team Captain Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Local MDA Office: \_\_\_\_\_

Team Website: \_\_\_\_\_

Check here if you have registered on [mda.org/musclewalk](http://mda.org/musclewalk).

Check here if you are an MDA family member.

Check here if you are a caregiver.

Team Participant Name	Phone	T-Shirt Size	Cash/Check	Credit Card	Online Donations	TOTAL
1.			\$	\$	\$	\$
2.			\$	\$	\$	\$
3.			\$	\$	\$	\$
4.			\$	\$	\$	\$
5.			\$	\$	\$	\$
6.			\$	\$	\$	\$
7.			\$	\$	\$	\$
8.			\$	\$	\$	\$
9.			\$	\$	\$	\$
10.			\$	\$	\$	\$
11.			\$	\$	\$	\$
12.			\$	\$	\$	\$
<b>TOTALS</b>			\$	\$	\$	\$



TRACK YOUR PROGRESS:

\$ _____	\$ _____	\$ _____	GOAL: \$ _____

## Make a Muscle. Make a Difference.®

[mda.org/musclewalk](http://mda.org/musclewalk)