

# 10th Annual MDA Black-N-Blue Ball 2009

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Company Name

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Address

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City

State

Zip

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Contact Person/Title

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Phone/Fax

E-mail

Enclosed is my check for \$\_\_\_\_\_ (made payable to MDA)

Please charge my credit card in the amount of \$\_\_\_\_\_

Visa

American Express

MasterCard

Discover

Name on card \_\_\_\_\_

Account # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Please bill me on \_\_\_\_\_ date for payment.

Unfortunately, I will not be able to attend, but would like to help with the enclosed tax-deductible donation to the Muscular Dystrophy Association for \$\_\_\_\_\_.

**Return this form with payment to:**

MDA

36520 Grand River Ave., Ste. 102

Farmington Hills, MI 48335

p: 248.474.0235 • f: 248.474.0290