



Make a Gift

Thank you for making your gift to MGFA. Please print this form, fill it out and mail it to:
Myasthenia Gravis Foundation of America, Inc.
355 Lexington Avenue, 15th Floor
New York, NY 10017

Personal Information

Name: _____
Home address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Business phone: _____
Email: _____

Gift Information

Enclosed is a gift of
 \$1,000 \$500 \$100 \$50 \$30 \$ _____

Payment Method

Check (made payable to Myasthenia Gravis Foundation of America, Inc.)
 Visa MasterCard Discover American Express
Card Number: _____ Expiration Date: _____
Name on card: _____
Signature: _____ Date: _____

Honor/Memorial Gifts

If you chose, you can designate your gift in memory of a loved one or in honor of a friend, relative, doctor, teacher or a special occasion, A letter acknowledging your gift (without mentioning a dollar amount) will be sent to the person(s) you wish notified.

This gift is in memory of in honor or (name, occasion) _____

Please notify the following person(s) of this gift:

Name: _____
Home address: _____
City: _____ State: _____ Zip: _____

If this is a memorial gift, what is the relationship of the person being notified to the deceased? _____