ARIZONA CHAPTER OF MYASTHENIA GRAVIS "CIRCLE OF CHAMPIONS"
MEMBERSHIP FORM

Thank you for supporting the work of Myasthenia Gravis Foundation, which provides research, patient services and education. Your donation enables continuation of this work. Contributions entitle each donor to annual membership. Thank you for being our "Champion" with your gift.
Accept my tax deductible "Circle of Champions" gift of (check one).
Please send receipt

__$1000 Platinum __$500 Gold __$250 Silver __$100 Bronze __$25 Annual

$_____ Other

My donation is restricted to (check one)
___AZ Chapter for patient services and support ___Research

My donation is:
In Memory of _____

In Honor of _____

For: __Birthday __Get Well __Anniversary Other _____

We will send an Acknowledgment (without an amount):

Person to Notify_____

Street Address_____

City _____ State _____ Zip_____

Donor Name_____ __Keep Me Anonymous

Street Address _____ __Change of Address

City _____ State _____ Zip _____ __MG Patient __Relative __Friend

Telephone: Home( ) _____ Business ( )_____ Fax: ( )_____

I may wish to contribute a "Lasting Gift" Planned Giving (trusts, securities, real estate, insurance etc.)
I am interest in including the Arizona Chapter of Myasthenia Gravis in my will.

My Company_____ may have matching gifts. Please inquire at company administration office.

Signature_____

PAYMENT METHOD FOR CIRCLE OF CHAMPIONS:__Check __Visa __Master Card __American Express
Credit Card # _____ Exp. Date_____ Name on Card:_____ Signature _____

MAKE ALL CHECKS PAYABLE TO:
Arizona Chapter of the Myasthenia Gravis Foundation
935 E. Main Street, Suite 206
Mesa, AZ 85203-8849