

**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

P.O. Box 34173, Phoenix, AZ 86067 • Phone: 480-451-3060 • Toll free: 877-347-7405 • Fax: 623-321-9032