

MDA Muscle Team® Boston
Individual Tickets Commitment Form

The cost of one ticket is \$400 and allows full access to the event
(does not include the VIP reception)

_____ # of Tickets @ \$400.00 = _____

Yes, I would like to become a sponsor of the MDA Muscle Team® Boston. I understand that my sponsorship will be confirmed upon receipt of this signed form and payment.

Company Name: _____

Contact Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

Enclosed is my check for \$_____ payable to the **Muscular Dystrophy Association (MDA)**

Please bill my: Discover MasterCard Visa AMEX

Account Number: _____ Expiration Date: _____

Signature: _____

Please fill out this form, print it and sign it. Fax to 617.368.9115 or mail to:

Muscle Team® Boston, c/o MDA
50 Federal Street, 6th Floor
Boston, MA 02110

To become a sponsor by phone: 617.368.9155

To become a sponsor by email: boston@mdausa.org