



Deliver the Cure Branch Bowl with MDA®

Bowler Donation Log

Thank you for participating in this year's MDA Deliver the Cure Branch Bowl to help kids and adults with muscular dystrophy live longer and grow stronger!

Event Date: _____

Team Captain Name: _____

Bowler Information

Name: _____

Email: _____

Phone: (day) _____ (evening) _____

Address: _____

City: _____ State: _____ ZIP: _____

Many employers sponsor matching gift programs and will match any charitable contributions made by their employees. To find out if your company has a matching gift policy, visit mda.org/get-involved/matching-gifts.

☐ Check here if your company has a matching gift program.

Donor Name	Phone/Email	Donation Amount	Matching Gifts (If Applicable)	TOTAL
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$
5.		\$	\$	\$
6.		\$	\$	\$
7.		\$	\$	\$
8.		\$	\$	\$
9.		\$	\$	\$
10.		\$	\$	\$
11.		\$	\$	\$
12.		\$	\$	\$
13.		\$	\$	\$
14.		\$	\$	\$
15.		\$	\$	\$
TOTALS		\$	\$	\$