



National
Multiple Sclerosis
Society
Ohio Buckeye
Chapter

Bike to create a world free of MS!

Name _____ Home Phone _____
 Address _____ Work Phone _____
 City _____ State _____ ZIP _____
 Company Name _____
 Team Name _____ Team Captain _____

Contribution Sheet Instructions:

1. PRINT all information. **For cash donations to be received, full address is required.**
2. Be sure your sponsors understand their commitment to you and the National MS Society.
3. Start asking for and collecting contributions now.
4. Make checks payable to the National MS Society.

Please no international checks or cash.

Sponsor Name	Address	City State ZIP	Phone Number	Amount Pledged	Amount Paid
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Make checks payable to the National MS Society.
 Mail contributions to:
 Bike Processing Center
 National MS Society
 6155 Rockside Rd., Suite 202
 Independence, OH 44131

WILL YOU RECEIVE ANY MATCHING GIFTS? YES _____ NO _____	AMOUNT:	
COMPANY: _____		
TOTAL CONTRIBUTIONS:		