



National  
Multiple Sclerosis  
Society  
Ohio Buckeye  
Chapter

# Walk to create a world free of MS!

## Walk MS 2009

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.					
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20.					

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

WILL YOU RECEIVE ANY MATCHING GIFTS? YES _____ NO _____	<b>AMOUNT:</b>	
COMPANY: _____	<b>TOTAL CONTRIBUTIONS:</b>	