

## **Event**

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	Sponsor Form	City State Zip       Day Phone Eve. Phone			
walkto					
create a world	Age Sex				
free of MS					
Signed X					
(Minors must have the form signed by a	a parent or guardian)	Chapter Name _			
Parent/Guardian X		Make Charles Paus	blo To: Netlanal Mi	itiala Calavasi	o Contab
SPONSOR NAME (PLEASE PRINT NEATLY)	ADDRESS	Make Checks Payal	PHONE NUMBER	CONTRIBUTION	TOTAL AMT. PAID
			NOMBER		EAID
			1		
			-		
Will you receive any Matching Gifts	? Yes No Corporation	on	Amount		
EVENT SPONSOR FORM INSTRUCTIONS				s	e
PRINT all information. BE SURE your sponsors understand their commitment to you and the National Multiple Science's Society.				*	s
2. SIGN the form.	6 START NOW to get as me	rosis Society, any sponsors as you can. The	re is	CONTRIBUTIONS	TOTAL AMT. RECEIVED
<ol><li>BRING the completed white copy of this for with you to the event.</li></ol>	orm no limit. You can always g	get extre pledge forms.			

Name

- 4. KEEP the yellow copy for your records.
- 7. SAVE TIME by collecting your contributions in advance.

8. THANK TOU for joining in the fight against multiple sclerosis.