NATIONAL MULTIPLE SCLEROSIS SOCIETY

EVENT SPONSOR FORM

Name _____

Street _____

City _____ State _____ ZIP _____

Day Phone _____ Ev. Phone _____

Age _____ Sex _____

Event Name _____

Chapter Name _____

Signed X _____
(Minors must have the form signed by parent or guardian)

Parent/Guardian X _____

Make Checks Payable To: **National Multiple Sclerosis Society**.

SPONSOR NAME (PLEASE PRINT NEATLY)	**ADDRESS**	**CITY**	**PHONE NUMBER**	**CONTRIBUTION**	**TOTAL AMT PAID**
Will you receive any Matching Gifts? Yes ___ No ___ Corporation _____ Amount					
				$	$
				TOTAL CONTRIBUTIONS	TOTAL AMT RECEIVED

EVENT SPONSOR FORM INSTRUCTIONS

1. **PRINT** all information.
2. **SIGN** the form.
3. **BRING** the completed form with you to the event.
4. **KEEP** a copy for your records.
5. **BE SURE** your sponsors understand their commitment to you and the National Multiple Sclerosis Society.
6. **START NOW** to get as many sponsors as you can. There is no limit. You can always get extra pledge forms.
7. **SAVE TIME** by collecting your contributions in advance.
8. **THANK YOU** for joining the fight against Multiple Sclerosis.

The National MS Society. One thing people with MS can count on.