



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Total Collected: \_\_\_\_\_

Email: \_\_\_\_\_

Team Name: \_\_\_\_\_

**FOR MORE INFORMATION CALL 1-800-FIGHT-MS**

**PLEDGE LIST:** PLEASE PAY BY CHECK & MAKE PAYABLE TO THE NATIONAL MS SOCIETY

Sponsor's Name (print)	Sponsor's Address (include City, State, ZIP)	Sponsor Phone	Amount per mile	Flat Donation	Total Amount Due	P A I D
1.						
2.						
3.						
4.						
5.						
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20.						

**TOTAL PLEDGES THIS PAGE:** \_\_\_\_\_

**OFFICIAL USE ONLY**

Rider # \_\_\_\_\_

Amount Pledged \_\_\_\_\_

Amount Recv'd \_\_\_\_\_ Date \_\_\_\_\_

Balance Due \_\_\_\_\_



National Multiple Sclerosis Society  
 Two Mill Road, Suite 106  
 Wilmington, DE 19806  
 Phone: 302-655-5610  
 Fax: 302-655-0993