National Multiple Sclerosis Society
Upstate New York Chapter

Help me create a world free of MS.

PAGE _____ OF _____

SPONSOR PLEDGE FORM

INFORMATION (PLEASE PRINT)

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I am participating in: (circle one)

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National Multiple Sclerosis Society
Upstate New York Chapter
Money Processing Headquarters
1650 South Avenue, Suite 100
Rochester, New York 14620-3901
585.271.0801 • Toll Free 800.344.4867
Fax 585.461.9159

We suggest that you collect your sponsor's money as they sign up.

Please make checks payable to: ***National MS Society***

SPONSOR'S FULL NAME	ADDRESS	CITY/STATE	ZIP	AMOUNT PLEDGED	AMOUNT RECEIVED	CHECK	CASH	ACCUMULATED TOTAL PLEDGES
SAMPLE: A SPONSOR	150 WALKABOUT ST.	ANYTOWN, USA	00000	$25.00	$25.00		✔	
MY OWN CONTRIBUTION								

THIS PLEDGE FORM IS FOR YOUR RECORDS. PLEASE KEEP.
DO NOT TURN IN TO THE NATIONAL MS SOCIETY

Total pledges this page _____

Total all pages _____

My Fundraising Goal is
$ _____
for MS