MS NATIONAL MULTIPLE SCLEROSIS SOCIETY

Wisconsin Chapter

PLEDGE SHEET

Name ______________________________

Street ______________________________

City ______________ State ______ Zip ________

Day Phone ______________ Eve. Phone ______________

Event Name ______________________________

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

SPONSOR NAME (PLEASE PRINT NEATLY)	ADDRESS	CITY/STATE/ ZIP	PHONE NUMBER	CASH/ CHECK	PLEDGE	TOTAL AMT. RCVD.

Will you receive any Matching Gifts? Yes ____ No ____ Corporation ______________ Amount ________

Total Pledges	Total Amt. Received
$	$

PRINT all information.

BE SURE your sponsors understand their commitment to you and the National Multiple Sclerosis Society.

START NOW to get as many sponsors as you can. There is no limit. You can always get extra pledge forms.

THANK YOU for joining in the fight against multiple sclerosis.

This is Why We're Here