DONATION SHEET

This sheet is for your purposes only and *does not* need to be turned in with your donation envelope.

walk MS

walk to create a world free of MS

Name _____

Fundraising Goal $_____

Reminder: Indicate your name on each check or donation. Checks should be made payable to the National MS Society/

You will want to capture your donors' names/addresses/emails so that you may send them a thank you for supporting you as you Join the Movement toward a world free of MS.

Donor Name	Donor Address	Email	Donation Amt

Mail your donations to:

National MS Society
Attn: WALK MS
4440 Lake Forest Dr, Ste 120
Cincinnati, OH 45242

1-800-344-4867
513-769-4400
fight**MS**today.org
walk@ohg.nmss.org