

Total Deposit: ____

WALK MS: DONATION FORM

| | | City | State Zip |
|--|--|--|--|
| Phone | | E-mail | |
| Team Name | | | |
| 'm walking in (eve | nt location) | | |
| FUNDRAISER | | | |
| the P.O. Box or ph through your emp | ysically turn in at your loyer's Matching Gifts? | include a completed Donation Form with r local Society's office. Did you know you Mail donations to: Walk MS National MS S ons, if possible, write a check, get a money | ı may be able to increase your donation ociety 818 E. Sharp Spokane, WA 99202 |
| DONOR | | | |
| ess than \$250. For | donations over \$250 a | eximum extent allowed by law. Canceled ch tax receipt will be mailed to the donor. Plane in the memo section of each check. | |
| Any guestions plea | ase call: 509-482-2022. | | |
| | ase call: 509-482-2022. | ADDRESS & PHONE NUMBER | |
| DONATION | NAME | ADDRESS & PHONE NUMBER | |
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