



# PLEDGE PAYMENT COUPON

To accurately process your payment, please include this completed coupon with all your pledge payments as you receive them.

Please mail pledge payments to:  
National MS Society, 3201 W Commercial Blvd., #127, Fort Lauderdale, FL 33309.

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

Participant's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_

E-mail Address: (if applicable) \_\_\_\_\_

- If you are on a team, complete the following:

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

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

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

Total Amount Enclosed:  
\$ \_\_\_\_\_

Checks Enclosed \$ \_\_\_\_\_

Cash Enclosed \$ \_\_\_\_\_

Paying by Credit Card:

MC \_\_\_\_\_ Visa \_\_\_\_\_ AMEX \_\_\_\_\_

Amount \$ \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Name On Card: \_\_\_\_\_

Signature: \_\_\_\_\_

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