

2012 MS Bike Pledge Form

RIDER INFORMATION (Please Print)

Name: _____

Address: _____

City, State: _____ Zip: _____

Home Phone: _____

Work Phone: _____ Gender: _____

Team Name: _____

Company: _____

My Company has a matching gifts program: YES NO Rider Number: _____



National Multiple Sclerosis Society
 3201 W Commercial Blvd, Suite 127
 Fort Lauderdale, FL 33309
 1 800 FIGHT MS
 email: ms150bike@fls.nmss.org
 website: www.msbikeflorida.org

INSTRUCTIONS:

1. **PRINT** all information
2. **SIGN** this form at the bottom.
3. **TO REQUEST RECEIPT FOR CASH DONATION** please have sponsor check the shaded box; fill in their complete name & address.
4. **START NOW** to sign up sponsors.
5. **MAKE CHECKS PAYABLE** to "National MS Society."
6. **WRITE** your name or rider # in the memo section of all checks

Donor Name (Check shaded box for cash receipt)	Address	City	State	Zip Code	Telephone	Checks Received	Cash Received
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Checks Total	
Cash Total	
TOTAL	

RIDERS: Please make a copy of the pledge sheet.

DONORS: Thank you for your support of the MS Bike Ride and the fight against multiple sclerosis. Please print your name, address and pledge amount clearly and check the box above if receipt is desired for

The fair market value non-tax deductible amount of this event is \$79 per participant. A COPY OF THE OFFICIAL REGISTRATION #CH-2082 AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE, 1 (800) 435-7352. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. No percentage of funds is retained by professional solicitors. The National Multiple Sclerosis Society receives 100% of each contribution.