

Bike MS Pledge Form

RIDER INFORMATION (Please Print)



National Multiple Sclerosis Society
 3201 W Commercial Blvd, Suite 127
 Fort Lauderdale, FL 33309
 954-731-4224
 email: fls_msbike@nmss.org
 website: www.msbikeflorida.org

Name: _____
 Address: _____
 City, State: _____ Zip: _____
 Home Phone: _____
 Work Phone: _____
 Team Name: _____
 Company: _____

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

INSTRUCTIONS:

1. SIGN this form at the bottom.
2. TO REQUEST RECEIPT FOR CASH DONATION please check the shaded box; fill in sponsor/donor complete name & address.
3. MAKE CHECKS PAYABLE to "National MS Society" or "NMSS"
4. 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							

Signature _____

Check Total	
Cash Total	
GRAND TOTAL	

RIDERS: Please make a copy of the pledge sheet.

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

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.