

National Multiple Sclerosis Society

Colorado-Wyoming Chapter

P.O. Box 172685 Denver, CO 80217-2685 1-800-344-4867 www.cureMSco-wy.org

EVENT DONATION TRACKING FORM

To ensure accurate tracking of your donations, please fill out form completely and include in your donation packet.

NAME: Mr / Mrs / Ms		
ADDRESS:		
CITY:	STATE: ZIP: _	
PHONE:	EMAIL:	
TEAM NAME:	TEAM CAPTAIN:	
(If applicable)	(If app	olicable)

DO NOT MAIL CASH • CASH WILL ONLY BE ACCEPTED ON THE DAY OF THE EVENT.

PRINT ALL INFORMATION CLEARLY • MAKE CHECKS PAYABLE TO NMSS			CHOOSE <u>ONE</u> OPTION FOR EACH DONATION:		
Donor Name	Address, City, State & Zip	Credit Card (Online only)	Check (Included)	Cash (Included)	
1.		\$	\$	\$	
2.		\$	\$	\$	
3.		\$	\$	\$	
4.		\$	\$	\$	
5.		\$	\$	\$	
6.		\$	\$	\$	
7.		\$	\$	\$	
8.		\$	\$	\$	
9.		\$	\$	\$	
10.		\$	\$	\$	
11.		\$	\$	\$	
12.		\$	\$	\$	
13.		\$	\$	\$	
14.		\$	\$	\$	
15.		\$	\$	\$	
	SUB TOT	ALS			

Donations of \$250 or more will be acknowledged by mail. Receipts for \$249 or less are available upon request.

TOTAL AMOUNT \$ _____