Pledge Sheet This form is for your personal records.

National Multiple Sclerosis Society
Minnesota Chapter

Grand total of all pledge sheets
$_____
(from Column 3)

Please use this amount on the envelope you bring to check in.

Name_____

Event_____

This pledge sheet is for your personal records. **Do not turn this copy in to the MS Society.** Each participant is responsible for collecting and submitting their own pledges. Thank you!

			(1)		(2)		(3) = (1)+(2)
NAME (SPONSOR)	ADDRESS, FAX OR E-MAIL	PHONE (INCLUDE AREA CODE)	SPONSOR PLEDGE AMOUNT	RECEIVED √	MATCHING GIFT AMOUNT	RECEIVED √	TOTAL AMOUNT PLEDGED
		Total from this page	$		$		$

Photocopy as needed or obtain additional forms at www.mssociety.org

Thanks for your support of the MS Society!

01/04

Maximize your health. Contact the Minnesota Chapter for your MS and wellness checklist at 1-800-FIGHT-MS or www.mssociety.org.