



Pledge Form

Walker Name: _____ Walk Site: _____ Team Name: _____

Sponsor Name (Please Print)	Address	City, State & Zip	Phone	Pledge	Paid	Due
1. SAMPLE: Jill Walker	1000 Main Street	Anytown, 12345	555-555-5555	\$100	\$100	\$0
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
TOTAL :						

Please make sure your sponsors indicate your name on the memo line of their check. Checks should be made out to the National MS Society. Pledges can be sent directly to the Chapter: National MS Society, Attn: Walk MS, 1700 Owens St, Suite 190, San Francisco, CA 94158 or turned in on the day of the walk. For pledges to count toward prize levels donations must be received by June 10, 2016.