



# PARTICIPANT PLEDGE FORM

**NAME OF THE PERSON YOU ARE SPONSORING:**

\_\_\_\_\_

## THANK YOU!

Thank you for sponsoring a participant in Challenge Walk MS. Please read over this pledge form carefully, and fill it out completely and legibly in order to prevent processing delays. Pledges are tax deductible to the fullest extent of the law. Pledges are non-refundable.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

*(Mandatory for credit card payments)*

## I'M SUPPORTING YOU EACH MONTH IN THIS JOURNEY TO CREATE A WORLD FREE OF MS!

Please mark the box corresponding to your pledge commitment:

### Life Changing (\$1,000)

- ☐ Paid in Full
- ☐ 5 monthly payments of \$200

### Valiant (\$750)

- ☐ Paid in Full
- ☐ 6 monthly payments of \$125

### Celebration (\$500)

- ☐ Paid in Full
- ☐ 5 monthly payments of \$100

### Journey (\$250)

- ☐ Paid in Full
- ☐ 5 monthly payments of \$50

### Mission (\$150)

- ☐ Paid in Full
- ☐ 3 monthly payments of \$50

### Other amount

- ☐ Single payment in full  
(amount \$ \_\_\_\_\_)
- ☐ \_\_\_\_\_ monthly payments of  
\$ \_\_\_\_\_ totally \$ \_\_\_\_\_.

## SINGLE PAYMENT IN FULL:

Amount: \_\_\_\_\_

- ☐ Personal Check (Please make checks payable to: National MS Society)

## SINGLE PAYMENT IN FULL OR INSTALLMENT PAYMENTS:

Based on the Selection I made above, I will pay my pledge via: ☐ Visa ☐ Mastercard ☐ Discover ☐ AMEX

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ SID#: \_\_\_\_\_

Signature: \_\_\_\_\_



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## MATCHING GIFTS PROGRAM

Many companies provide their employees with matching gifts/pledges. Please check with your employer on its specific matching gift guidelines.

## IMPORTANT: PLEASE READ THE FOLLOWING

I (we) hereby authorize the National MS Society to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account each month. This authority is to remain in full force and effect until my pledge is fulfilled or until revoked by me (us) in writing. Your monthly statement(s) will read National Multiple Sclerosis Society. Payments commence immediately upon processing of this form by the pledge office.

## PARTICIPANTS:

Please mail all pledge forms back to your local chapter.