



**National
Multiple Sclerosis
Society**



DONATION SHEET

Name _____

Street _____

City _____ State _____ Zip _____

Day Phone _____ Eve. Phone _____

Age _____ Sex _____

Event Name COWBOY CAPITAL MS TRAIL RIDE

Chapter Name STEPHENSVILLE

Signed X _____
(Minors must have the form signed by a parent or guardian).

Parent/Guardian X _____

Make Checks Payable To: COWBOY CAPITAL MS TRAIL RIDE

SPONSOR NAME (PLEASE PRINT NEATLY)	ADDRESS	CITY	PHONE NUMBER	SPONSORSHIP PER _____	TOTAL AMT. RCVD.

Will you receive any Matching Gifts? Yes ___ No ___ Corporation _____ Amount _____ \$ _____ \$ _____

Please print all information. Sign the form and bring it and your donations with you. All donations must be turned in the day of the Cowboy Capital MS Trail Ride for you to be eligible for prizes and awards.

National Multiple Sclerosis Society
811 N Stadium Drive, Suite 100
Houston, TX 77054

Cowboy Capital MS Trail Ride
PO Box 500
Dublin, TX 76446