



PLEDGE PAYMENT COUPON

To accurately process your payment, please include this completed coupon with all your pledge payments as you receive them.

Please mail pledge payments to:
National MS Society, 3201 W Commercial Blvd., #127, Fort Lauderdale, FL 33309.

Participant's Name: _____

Participant's Address: _____ Apt. #: _____

Participant's City: _____ State: _____ Zip: _____

Phone: (W) _____ (H) _____

E-mail Address: (if applicable) _____

- If you are on a team, complete the following:

Team Name: _____

Team Captain Name: _____

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- If you are on a team, complete the following:

Team Name: _____

Team Captain Name: _____

Total Amount Enclosed:
\$ _____

Checks Enclosed \$ _____

Cash Enclosed \$ _____

Paying by Credit Card:

MC _____ Visa _____ AMEX _____

Amount \$ _____

Card #: _____

Expiration Date: _____

Security Code: _____

Name On Card: _____

Signature: _____

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