



Please photocopy pledge sheet as necessary if you run out of space, or call for more.

National MS Society
Greater Illinois Chapter
525 W Monroe St Suite 900
Chicago, IL 60661

WALK MS SPONSOR FORM

Register early to help create a world free of MS!
Register and raise support at walkMSIllinois.org

Form fields for personal information: FIRST NAME, LAST NAME, ADDRESS, CITY, STATE, ZIP CODE, EMAIL, TELEPHONE, TEAM NAME, TEAM CAPTAIN NAME.

WHERE ARE YOU WALKING?
I've enclosed my Company Matching Gift forms [] Yes [] No
Every participant who raises \$125 will receive a Walk MS T-shirt

Table with 6 columns: SPONSOR'S NAME, SPONSOR'S ADDRESS, \$100, \$50, \$25, OTHER. Includes a row for 'My own donation is:' and multiple empty rows for other sponsors.

Pledges are due within 30 days of your Walk MS event. Enclosed Cash, Checks, Money Orders \$
Make checks payable to the National Multiple Sclerosis Society. Please collect all contributions in advance. Matching Gift Total \$

Walk MS Waiver and Indemnification
By signing below, I acknowledge that I have read this and I understand its intent. I further agree for myself, or as the guardian for a minor, and/or as the minor's, executor, administrator and/or representative, do hereby agree and will absolve and hold harmless the National Multiple Sclerosis Society, the Greater Illinois Chapter, corporate sponsors, cooperating organizations and any other parties connected with this event in any way together with their respective successors and assigns the "Sponsors" singly and collectively, from and against any liability whatsoever, which may result from or be connected in any way to my participation in Walk MS.

Form fields for signatures: PARTICIPANT'S SIGNATURE, PRINTED NAME, DATE; PARENT/GUARDIAN'S SIGNATURE, PRINTED NAME, DATE.