DONATION SHEET

for the

Heartland Border Walk for MS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Cell: _____

(W): _____

E-mail: _____ Date of Birth: _____

Team Name (if applicable): _____ Team Captain: _____

PARTICIPANT INSTRUCTIONS:

1. **PRINT** all information.
2. **SIGN** this form at the bottom.
3. **START NOW** and collect donations.
4. **BE SURE YOUR SPONSORS** understand their commitment to the Heartland Border Walk for MS.
5. **PUT YOUR NAME** in the memo section on all checks.
6. **TO BE ELIGIBLE FOR PRIZES**, donations must be turned in by the deadline. Consult your handbook for the dates.
7. **INCREASE YOUR FUNDRAISING** through your employer's Matching Gift Program.
8. **THANK YOU** for supporting MS

SPONSOR INSTRUCTIONS:

1. **PRINT** your name, address and pledge amount clearly.
2. **WE RECOMMEND A FLAT DONATION** versus a pledge per mile. Please give your donation immediately.
3. **PLEASE MAKE CHECKS** payable to "MS Border Walk" and include the participant's name in the memo section of each check.
4. **ALL DONATIONS ARE TAX-DEDUCTIBLE** to the maximum extent allowed by law. Canceled checks are sufficient IRS proof for pledges less than $250. For pledges greater than $250, a tax receipt will be mailed to the sponsor.

Sponsor Name	Address, City, State, Zip and Phone	Pledge Amt.	Amt. Collected	On-Line Pledges	Matching Gifts
TOTAL THIS PAGE (TOTAL PLEDGES AND TOTAL AMOUNT COLLECTED):					

Donation Sheet _____of ____

Participant Waiver: I hereby waive all claims against the Heartland Border Walk, sponsors or any personal for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event. I understand tat funds raised from this event will be used for research and social programs to those individuals with multiple sclerosis.

_____ Signature of participant

_____ Signature of parent or guardian if under age 18

_____ Date