



2015 DONATION FORM

Rider Name: _____

Address: _____

The required minimum fundraising is \$400.

The required \$400 minimum fundraising must be raised prior to picking-up your Rider Packet.

City, State, Zip: _____

Cell Phone: _____ Date of Birth: ____ / ____ / ____

RIDER

- In order to properly credit your account, complete this form and submit it with EACH donation deposit.
- Each check **MUST** have your name (*cyclist*) and BP MS 150 in the memo section of EACH check.
- You may be able to increase your fundraising through your employer's Matching Gift Program. Check with your HR Department.
- Mail all donations to (*do not mail cash/coins*): BP MS 150 ★ National MS Society ★ P.O. Box 4125 ★ Houston, TX 77210-4125

DONOR

- 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 e-mailed or mailed to the donor by January 2016.
- Make checks payable to the **NATIONAL MS SOCIETY** and include the **RIDER'S NAME & BP MS 150** in the check's memo section.

✓	DONATION	NAME	ADDRESS & PHONE NUMBER
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		TOTAL