



2012 DEPOSIT SLIP: MAIL

ENCOURAGE YOUR DONORS TO CONTRIBUTE ON OUR SECURE WEBSITE,
www.MSANDYOU.ORG/WALK.

To ensure that as much money as possible goes toward our mission, please include the **donor's email address** so that an electronic copy of the receipt can be sent via email. You'll save paper, postage, and time – and we appreciate it.

Complete this form when submitting checks to the National MS Society!

For each donor, include their full name, address, and email. Also, please list if there is a matching gift form included and if you have logged the donation in your online Participant Center.

Make a copy of this form for your records.

Mail this form, with all donations and matching gift forms to:

**National MS Society
 National Capital Chapter
 1800 M Street, NW
 Suite 750 South
 Washington, D.C. 20036**

Please make all checks payable to the National MS Society.

Please allow 5 business days after arrival in our office for donations to be reflected on your Participant Center.

For questions or help completing this form, please contact the National MS Society, National Capital Chapter at (202) 296-5363, option 2.

PARTICIPANT NAME		
TEAM NAME	DATE MAILED	
LIST DONATIONS BELOW		
DONOR NAME	AMOUNT \$	
FULL MAILING ADDRESS		
EMAIL ADDRESS		
MATCHING GIFT <input type="checkbox"/> YES <input type="checkbox"/> NO	RECORDED IN PARTICIPANT CENTER <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES:

DONOR NAME	AMOUNT \$	
FULL MAILING ADDRESS		
EMAIL ADDRESS		
MATCHING GIFT <input type="checkbox"/> YES <input type="checkbox"/> NO	RECORDED IN PARTICIPANT CENTER <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES:

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Do NOT SEND CASH IN THE MAIL.

TOTAL DONATIONS FOR THIS DEPOSIT