



# DONATION RECORD

**\*All Donations are 100% Tax Deductible**

**Instructions:**

1. This form is for you to record the donations you receive while fundraising. Please keep a copy for your records.
2. For donors who wish to donate via credit card, please direct them to visit the MS WALK 2017 page on our school site at: <http://www.imaginebroward.org/mswalk2017.htm>
3. To request a receipt for CASH donations, please have the donor check the shaded box and fill in their complete name & address
4. Make \*checks payable to National Multiple Sclerosis Society and write participant name in the memo section of all checks.  
\*Your donor's cancelled check is their receipt

	DONOR'S FULL NAME RECEIPT REQUESTED <small>(Check shaded box for cash receipt)</small>	ADDRESS	CITY, STATE, ZIP	PHONE	AMOUNT	TYPE OF DONATION			Paid
						ONLINE	CHECK	CASH	
	<input checked="" type="checkbox"/> Sample: A. Donor	500 Fifth Avenue, Suite 450	Fort Lauderdale, FL 33309	954-555-5555	\$100			✓	
	<input type="checkbox"/> Sample: B. Donor	100 Main Street	Miami, FL 33122	305-111-5555	\$50	✓	✓		
1	<input type="checkbox"/>								
2	<input type="checkbox"/>								
3	<input type="checkbox"/>								
4	<input type="checkbox"/>								
5	<input type="checkbox"/>								
6	<input type="checkbox"/>								
7	<input type="checkbox"/>								
8	<input type="checkbox"/>								
9	<input type="checkbox"/>								
10	<input type="checkbox"/>								
11	<input type="checkbox"/>								
12	<input type="checkbox"/>								
13	<input type="checkbox"/>								
14	<input type="checkbox"/>								
15	<input type="checkbox"/>								
16	<input type="checkbox"/>								
17	<input type="checkbox"/>								
18	<input type="checkbox"/>								
19	<input type="checkbox"/>								
20	<input type="checkbox"/>								

Student Participant (First, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**TEAM NAME: EASTEP'S TEAM IMAGINE**

**\*PARTICIPANT MUST BRING DONATION FORM & DONATIONS TO THE EVENT**

Only one participant per donation form. Please print legibly.

A COPY OF THE OFFICIAL REGISTRATION #CH2082 AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE 1-800-435-7352. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. 100% OF CONTRIBUTIONS SUPPORT RESEARCH, PROGRAMS AND SERVICES OF THE NATIONAL MS SOCIETY SOUTH FLORIDA CHAPTER. 0% GOES TO PROFESSIONAL OUTSIDE SOLICITORS.