



**National
Multiple Sclerosis
Society**
Utah State
Chapter

DEPOSIT SLIP

Total amount enclosed: _____

Please return this form with contributions and provide event participant's information below. Do not include sponsor/donor information on this form. If you are turning in checks, please include your name on the memo line of all your checks. Make checks payable to MS Society.

Event Name _____

Participant's name _____

Address _____ phone _____

City, State, Zip _____

1440 Foothill Dr. Suite 200
Salt Lake City, UT 84108
(801) 424-0113
1-800-344-4867
www.fightmsutah.org



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