

## **DEPOSIT SLIP**

### Total amount enclosed:

National Multiple Sclerosis Society **Utah State** 

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.

Chapter	Event Name		
1440 Foothill Dr. Suite 200	Participant's name		
Salt Lake City, UT 84108	•		
(801) 424-0113	Address	phone	
1-800-344-4867		•	
www.fight <b>ms</b> utah.org	City, State, Zip		
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