

PARTICIPANT NAME: \_\_\_\_\_ TEAM NAME (IF APPLICABLE): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ MY FUNDRAISING GOAL IS: \$ \_\_\_\_\_

Every Bike MS: East End Ride cyclist agrees to raise the required fundraising amount of \$150 by 9/7/14. Please make checks payable to the National MS Society, Long Island Chapter or NMSSLI. A canceled check serves as a receipt, or call our office for receipt books. Each participant who raises a minimum of \$150 will receive the Bike MS t-shirt and medal at the Finish Line (while supplies last). You may mail donations to: National MS Society, Long Island I Attn: Bike MS I 40 Marcus Drive, Suite 100 I Melville, NY 11747

SPONSOR NAME	SPONSOR INFORMATION: ADDRESS/PHONE/EMAIL	DONATION AMOUNT	PAID				
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