



Walker's Name \_\_\_\_\_ Team Name \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

MY FUNDRAISING GOAL IS:	\$ _____
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Please have sponsors prepay with checks payable to: "Tri-State MS Association."  
 Contributions are tax-deductible.

SPONSOR'S NAME	ADDRESS	PHONE	DONATION AMOUNT	CHECK # OR CASH



**Fill this form up?**  
**Mail or bring it and the money to:**  
 971 C.S. Kenmore Drive  
 Evansville, IN 47712

CASH	_____
CHECKS	_____
\$	_____

Thank you for your support of our Annual Autumn Walks. We look forward to seeing you there!  
**October 28, 2018 @ Moreland Park in Owensboro | November 4, 2018 @ Harrison High School in Evansville**  
 Bring this form to the walk rain or shine!