

2016 SPONSORSHIP COMMITMENT FORM

Thank you for supporting the mission of the National MS Society.
Your support moves us closer to a world free of multiple sclerosis.

Company Name _____

Please print exactly as name should appear in promotional materials.

Contact Person _____

Email _____

Phone _____

Address _____

City / State / Zip _____

Sponsorship Commitment

Total Commitment \$ _____

Representative (Print) _____

Representative (Sign) _____

Date _____

Confirmation due by January 31, 2016 for select benefits.

Remit payment to the National MS Society, Oregon Chapter:

☐ by April 1, 2016 — Walk MS

☐ by July 1, 2016 — Bike MS

Please Provide to the Chapter

☐ .eps logo files (standard, reverse, and 1-color)

☐ url for web links _____

Contact

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Director of Development

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503-445-8358 Direct

503-223-2912 Fax

defeat**MS**.com

National MS Society, Oregon Chapter

5331 SW Macadam Avenue, Suite 290

Portland, OR 97239

Walk MS Sponsorship Level

☐ **Presenter** \$15,000

☐ **Leader** \$10,000

☐ **Advocate** \$5,000

☐ **Supporter** \$2,500

☐ **Partner** \$1,000

☐ **Display** \$500

☐ **In-Kind Value \$** _____

Goods/Services Provided:

Bike MS Sponsorship Level

☐ **Gold** \$15,000

☐ **Titanium** \$10,000

☐ **Carbon** \$5,000

☐ **Aluminum** \$2,500

☐ **Partner** \$1,000

☐ **In-Kind Value \$** _____

Goods/Services Provided:

