

# CONTRIBUTOR RECEIPT

Contributor \_\_\_\_\_

Date \_\_\_\_\_

Amount Donated \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of NMSS staff member, volunteer, or event participant

\_\_\_\_\_  
Participant name (please print)

\_\_\_\_\_  
Event



National  
Multiple Sclerosis  
Society  
Utah State  
Chapter

1440 Foothill Drive, Suite 200  
Salt Lake City, UT 84108  
(801) 424-0113 / 1-800-FIGHT-MS  
[www.fightmsutah.org](http://www.fightmsutah.org)

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