

National Multiple Sclerosis Society

Maryland Chapter

Team Name

Donation Distribution Form

Any donations that need to be divided amongst two or more individuals must be accompanied with this distribution form. In the space provided below, please list the names and portion of the donation you would like each participant to receive. All individuals listed will be credited the amount indicated on this form.

(if applicable)

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Team Captain:	(if applicable)
Grand Total of donations enclosed \$	
Name	Amount
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