

WORKING TOWARD A WORLD FREE OF MULTIPLE SCLEROSIS

Do It Yourself Fundraising Event Form

The National Multiple Sclerosis Society is extremely grateful that you are interested in "Joining the Movement" and working toward a world free of MS by coordinating a Do It Yourself fundraising activity. However, only those DIY Events which meet specific criteria, and legitimately and genuinely benefit the Society, will be approved. Each event will be reviewed on a case-by-case basis.*

We understand that all details for your proposed event may not be available at the time of your submission, but please fill out the form to the best of your knowledge. We will review your proposal within 10 business days and contact you.

Please email, mail or fax the completed form to:
Kristin Raeber
Kristin.raeber@nmss.org
National Multiple Sclerosis Society-Wisconsin Chapter
1120 James Drive Suite A
Hartland, WI 53029
Phone 262.369.7165
Fax 262.369.4410

*Please Note: The Society defines a Do It Yourself Fundraisers as any fundraising activity by a nonaffiliated group or individual (third party), where the Society has no fiduciary or agency responsibilities and little or no staff involvement. Please see the DIY Guidelines for more information.

By signing this form, I agree to adhere to the DIY Guidelines and guarantee that the information presented below is accurate.

Name		
Organization (if applicable)		
Date		
Signature		

Contact Information
Contact Information Event Coordinators Name:
Email Address:
Primary Phone Number: Street Address:
City, State, Zip: Your connection to MS:
Tour connection to MS.
Business Information
Organization/Company Name:
Describe their role in the event:
Describe their role in the event.
Event Information
Name of Event:
Event Date(s):
Event Times:
Event Location:
Event Address:
Approximate attendance at event:
Do you plan to hold a raffle at event:
Have you conducted event before:
If so, how many times:
What prompted you to conduct event:
Describe event activities:
Event Finances
Do you plan to solicit donations or sponsorship:
If so, please list businesses:
Events projected gross income:

Snow Walk Bike

Challenge Walk

Anticipated total donation after expenses:

Team name and/or participants name(s):

If so, select event:

Will donation be credited to special event fundraising goal: