

The Greater Cincinnati Foundation Waddell MS Clinic Contribution & Pledge Form

If you would like to contribute to our operations so we can help more people, send your donations to:

The Greater Cincinnati Foundation
Multiple Sclerosis Clinic Fund
P.O. Box 5200
Cincinnati, OH 45201-5200

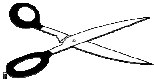
In care of **Amy Cheney**
(Amy's phone number is **513-241-2880**)

You may make contributions to the Waddell MS Center on-line through The **Greater Cincinnati Foundation MS Clinic Fund** at <http://www.greatercincinnati.org/page20423.cfm>, or you can print this form and send in the contribution/pledge form shown below.

All contributions are tax deductible.

MS Clinic Contribution/Pledge Form

(Please complete this form and mail it in with your pledge or contribution)



*_**

Multiple Sclerosis Clinic Fund of The Greater Cincinnati Foundation

I/we wish to support the Multiple Sclerosis Clinic Fund
of The Greater Cincinnati Foundation with a total pledge of:

\$

Name(s):		
Street Address:		
City		
State/Province		
ZIP/Postal Code		
Country		
*Email Address:		*(optional)
*Phone:		*(optional)

Signature(s): _____

Date: _____

REASON FOR DONATION

Please select the reason for your donation from the following check boxes.
After the check box you have selected, complete the requested information.

	This gift is NOT in honor or memory of someone
	This gift is in memory of someone
	Name of person
	Please notify this person (relative, etc.) of this memorial gift:
	Street: Address:
	City
	State/Province
	ZIP/Postal Code
	Country

	This gift is in honor of someone
	Name of person
	Please notify honoree at:
	Street: Address:
	City
	State/Province
	ZIP/Postal Code
	Country

Do you have any other special instructions?

Method of Payment

If Making a Pledge:

I/we wish to support the Waddell Multiple Sclerosis Clinic Fund of The Greater Cincinnati Foundation with a total pledge of:	\$	
I/we plan to make payments on this pledge for a period of:		
<input type="checkbox"/> 3 years	<input type="checkbox"/> 2 years	<input type="checkbox"/> 1 year
at \$ <input style="width: 50px;" type="text"/>		per year

If Enclosing Payment by Check:

Amount enclosed: \$	
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Please make checks payable to:

The Greater Cincinnati Foundation for the Multiple Sclerosis Clinic Fund

If Using Credit Card:

Cardholder's Name	
Cardholder's Address:	
Cardholder's City:	
Cardholder's State/Province:	
Cardholder's ZIP/Postal Code:	
Cardholder's Country:	
Cardholder's Phone:	
*Cardholder's E-mail:	

*(optional)

(Give information as shown on card)

Credit Card Type:				
Credit Card Number:				
Expiration Date	Month:		Year:	

VISA, Master Card, (only)

Thank you for your commitment. It is very much appreciated.

For information regarding gifts of appreciated securities, please contact **Amy Cheney** at The Greater Cincinnati Foundation at **513-241-2880**.

If you have any questions about supporting The Waddell MS Clinic, please contact **Mr. Lee Carter** at **513-241-5158** or email him at leeaultcarter@hotmail.com.

THANK YOU !!!!