



THE POWER TO BE MORE THAN YOUR MS
Formerly The Heuga Center for Multiple Sclerosis

Credit Card Donation Form

Team Name _____

Name _____

Address _____

City _____

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Phone _____

Email _____

**By using e-mail to communicate with our supporters, more of our resources will go toward our MS program and services. We do not give away or sell your e-mail information.*

Card # _____

Expiration Date _____

Amount _____

Card Type (circle one): Visa
Mastercard American Express Discover

By signing below, I am authorizing Can Do Multiple Sclerosis to charge my credit card for the amount listed above. I will receive acknowledgement of my donation in the mail.

Signature _____

Date _____



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