

# TELL US WHY YOU RIDE



Please tell us in 70 characters or less why you ride.

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By completing this form, I understand that the information provided will be publicly displayed at the Bike MS event and possibly other MS affiliated event.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please mail this form and check payable to the National MS Society to:

National Multiple Sclerosis Society  
c/o Christi Mackey  
4606 East 67<sup>th</sup> Street, Suite 103  
Tulsa, OK 74136

**Questions?** Contact Christi Mackey at (405) 463-4862 or [christian.mackey@nmss.org](mailto:christian.mackey@nmss.org)

**Deadline to order is August 31<sup>st</sup>!**

For Office Use Only:

Date of Payment Received: \_\_\_\_\_ Type of Payment Received \_\_\_\_\_