



# Form may be duplicated

**National  
Multiple Sclerosis  
Society**  
National Capital  
Chapter

## Physical Health & Wellness Class Reimbursement Information

### Information

Participant name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

MS Society sponsored class : \_\_\_\_\_

Class location : \_\_\_\_\_

Class session start date \_\_\_\_\_ end date \_\_\_\_\_

Fee of class session \$ \_\_\_\_\_

Amount you can contribute \$ \_\_\_\_\_

Amount you are requesting from the National MS Society \$ \_\_\_\_\_

**The above information is complete and true to the best of my knowledge:**

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

Please return to:  
National Capital Chapter  
Attn: Kelly Schrader  
1800 M St. NW, Suite 750 S  
Washington, DC 20036

202-375-5611

