

**Race to Erase MS  
May 10, 2024**

**GIFT BAG  
PRODUCT DONOR CONFIRMATION FORM**

Donor: \_\_\_\_\_  
(PLEASE PRINT YOUR NAME ABOVE AS YOU WOULD LIKE IT TO APPEAR IN EVENT MATERIALS)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Title: \_\_\_\_\_

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

Quantity: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Please fax, mail, or email Product Donor Form to:**

**RACE TO ERASE MS**

**Email: [joanna@erasems.org](mailto:joanna@erasems.org) / Phone: 310-440-4842 / Fax: 310-471-4975**

Once we receive confirmation of your donation, we will contact you regarding specific shipping instructions. Items will need to be received by April 26, 2024.

**Thank you for your generous contribution to the Race to Erase MS!**