



I want to join the 2019 Champions Club. I understand that I may cancel my recurring gift at any time if my request is received at least 5 business days before the deduction.

I understand that the following amount will be deducted monthly on the 5th day of each month:

Put an X on the appropriate box

- Grand Champion \$1000 \$83 per month
- Champion \$500 \$41.67 per month
- Team Player \$300 \$25 per month

Name _____

Address _____ City/State _____

Phone _____ (mobile) _____ (home)

Email _____

Signature _____

Credit Card Information

Credit Card # _____

Expiration Date _____ CCV Code _____

Name on Card _____

Billing Address _____

Mail to:

Multiple Sclerosis Center-Champions Club
3372 Woods Edge Circle #103
Bonita Springs, FL 34134

Or fax to: (239) 435-1993

REGISTRATION #CH-12523. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. 1-800-HELP-FLA (435-7352) www.FloridaConsumerHelp.com

Multiple Sclerosis Center, 3372 Woods Edge Circle #103, Bonita Springs, FL 34134