

Multiple Sclerosis Society of Portland, OR, Inc.
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Portland, OR 97236
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MSSP Office USE ONLY

Date Received: _____
Dr's Note: _____
Date Sent: _____

MSSP 2012 "Summer Comfort" Application

Deadline: June 30, 2012

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone : _____

Email Address: _____

1. Do you currently receive our newsletter?

Yes No

If No, check here to be added to our mailing list?

Please select delivery method:

US MAIL PDF by Email

2. When and where were you diagnosed with MS? _____

3. How did you hear about this program?

Newsletter

Website

Telephone Book

Support Group

TV/Radio News Program

Word of Mouth

Your Doctor's Office

Other: _____

4. Comments:

Don't forget to "include" verification of your diagnosis!

