

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

Date Received: \_\_\_\_\_  
Dr's Note: \_\_\_\_\_  
Date Sent: \_\_\_\_\_

**"Summer Comfort" Client Application**

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

Telephone Book

TV/Radio

Your Doctor's Office

Website

Support Group

Word of Mouth

Other: \_\_\_\_\_

**4. Comments:**

**Include verification of your diagnosis.**