

# Receipt

Wild West MS Walkabout/CNS Foundation  
1049 Robertson Street  
Fort Collins, CO 80524



Contributor: \_\_\_\_\_

Date: \_\_\_\_\_

Amount Donated: \_\_\_\_\_  
(Your contribution is tax deductible)

\_\_\_\_\_  
Signature, Wild West MS Walkabout participant

\_\_\_\_\_  
Wild West MS Walkabout participant (printed)

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