

Support me as I participate!



Participant's Name: _____

Team Name (if applicable): _____

Walk Location:

_____ Carolinas _____ Central CA _____ Chattanooga _____ Greater DC
_____ Houston _____ Las Vegas _____ Michigan _____ Northern CA
_____ Southern CA _____ Virginia Beach _____ Virtual

YES! I will make a contribution to support the Spina Bifida Association and the 177,000 Americans with Spina Bifida:

\$500 \$250 \$100 \$50 \$25 Other _____

Credit Card _____ Cash _____ Check (Made out to SBA) _____ Check # _____

Credit Card Number _____ EXP _____

Donor Information/Billing Address

Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____ Email: _____

What is your connection to Spina Bifida:

___ I have one more children with SB ___ I have a family member with SB ___ I have SB

___ I have a friend with SB ___ I have a client with SB

___ Other: _____

Mail this form & your check or credit card donation to the address below or turn in at your local Walk-N-Roll for Spina Bifida.

SBA
ATTN: Walk-N-Roll
1600 Wilson BLVD, Ste. 800
Arlington, VA 22209

