

# 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 toward research, advocacy, education and support for the nearly 200,000 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

