



**Support me as I Walk-N-Roll for Spina Bifida:**

Participant's Name: \_\_\_\_\_

Team Name (if applicable): \_\_\_\_\_

Select Your Walk Location:

- Atlanta       Carolinas       Nashville       Greater D.C.
- Houston       Las Vegas       Michigan       Northern CA
- Southern CA       Richmond       Portland       OKC
- DIY       Utah

**YES! I will make a contribution toward a better and brighter future for the more than 166,000 Americans living with Spina Bifida:**

\$500     \$250     \$100     \$50     \$25     Other: \_\_\_\_\_

Credit Card     Cash     Check (Made out to "SBA") include Check # \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

**Donor's Billing Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

*What is your connection to Spina Bifida?*

- I have one or more children with SB       I have a client with SB
- I have a family member with SB       I have a friend with SB
- I have SB       Other: \_\_\_\_\_

**Mail this form & your check or credit card donation to the address below or turn it in at your local Walk-N-Roll event:**

**SBA**  
**Attn: Walk-N-Roll**  
**1600 Wilson Blvd., Suite 800**  
**Arlington, VA 22209**

