



**SPINA BIFIDA ASSOCIATION
OF NORTH TEXAS**



www.walknrollforsbant.org

DONATION/COMPANY MATCHING FORM

(Donations may be submitted with this form or made securely at www.walknrollforsbant.org)

Name	
Company Name	
Address	
City, State, Zip Code	
Telephone (home)	
Telephone (business)	
Fax	
Email	
Notes	

I (we) wish to donate \$ _____ in the form of: ___ cash ___ check ___ credit card ___ other.

Credit card type	
Credit card number	
Expiration date & Code	
Authorized signature	

Gift will be matched by _____ (company/family/foundation).
 ___ form enclosed ___ form will be forwarded

This donation is to support the Walk-N-Roll for Spina Bifida. I wish this donation to be recognized as:

___ General Donation or ___ In support of _____ Team/Individual

Please use the following name(s) in all acknowledgements: _____

___ I (we) wish to have our gift remain anonymous.

Please make checks, corporate matches, or other gifts payable to:

Spina Bifida Association of North Texas
 801 Avenue H East Suite 101
 Arlington, TX 76011

Questions? Contact Robin Lee, Executive Director at 214-728-9294 or rlee@spinabifidant.org

Thank you for your support!

Spina Bifida Association of North Texas – 501©3 Charity Tax ID #23- 7399498

801 Avenue H East Suite 101 Arlington, TX 76011 SpinaBifidaNT.org

Our mission is to promote the prevention of Spina Bifida and enhance the lives of all affected.