



**SPINA BIFIDA
ASSOCIATION
OF NORTH TEXAS**



www.walknrollforsbant.org

I would like to make a donation to support Walk-N-Roll for SBANT!

My donation will be in the amount of \$ _____ and will be (please check one):

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

Please use the following in all acknowledgements: _____

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

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

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

Please include this form with your mailed payment or payment may be made online at

www.walknrollforsbant.org.

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

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

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