



SPINA BIFIDA ASSOCIATION

Donation Form

Donor Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

I/We would like to support the Spina Bifida Association today with a gift of:

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

☐ Enclosed please find my/our check made payable to the Spina Bifida Association.

☐ Please charge my credit card.

Name on card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Tribute Information

My/Our gift is ☐ in honor of ☐ in memory of: _____

Please send notification of this gift to:

Name: _____

Address: _____

Additional Information

☐ My/Our company matches donations. I/We have included paperwork for SBA staff.

☐ I/We would like to receive information on leaving SBA in my/our will or estate plans.

Please mail this form back to SBA at 2000 Duke Street, Suite 300 Alexandria, VA 22314.

Questions? Contact Stephanie Myers at (202) 618-4745 or smyers@sbaa.org.