



## 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 1600 Wilson Blvd., Ste 800, Arlington, VA 22209.

Questions? Contact Liz Merck at (202) 618-4754 or [emerck@sbaa.org](mailto:emerck@sbaa.org).