



**SPINA BIFIDA ASSOCIATION
OF NORTHEASTERN NEW YORK**

Yes, I want to provide support to people living with Spina Bifida and their families. Enclosed is my tax deductible donation. \$25 \$75 \$150 \$400 Other

(Please make checks out to SBA of NENY.)

Name _____

Street _____

City _____ State _____ Zip Code _____

Email Address _____

Daytime Phone _____ Evening Phone _____

Thank you!
