SPINA BIFIDA ASSOCIATION OF ILLINOIS

2nd Annual Fall Family Classic
Picnic & Walk-and-Roll-a-Thon

2010 Pledge Form

Register online for free and raise pledges at www.sbail.org

Name: _____ Email: _____

Address: _____ Phone: _____

City/Zip: _____ Team Name: _____

☐ I can't attend, but have enclosed a donation CC # / Exp.: _____

Pledge prizes: **$ 25 or more**: Walk for Free, T-shirt & Lunch **$ 500 or more**: **iHome Speakers or Digital Camera**

Name	Address, City/Zip	Email	Amount

Don't forget to:

- Make checks payable to: Spina Bifida Association of Illinois
- Register online or call Chris Byrne at (773) 444-0305 to register
- Write down your total amount raised

Pledge form(s) total: $ _____

Amount raised online: $ _____

TOTAL: $ _____