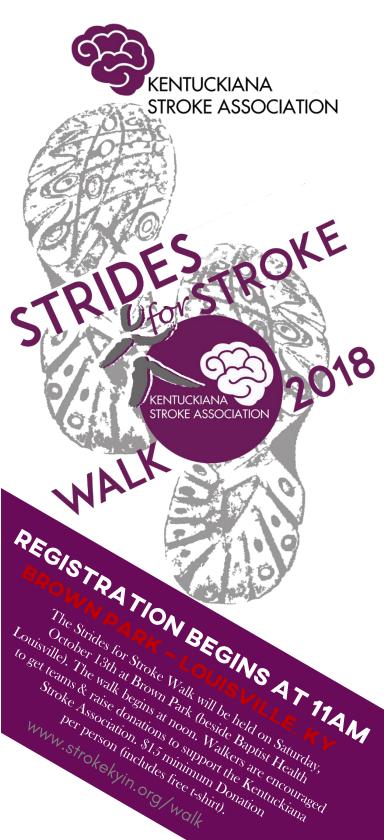
JOIN US IN SUPPORTING YOUR LOCAL



STRIDES FOR STROKE WALK DONATION FORM	
Team Name:	142101231
Walker Name:	Goal \$
Address:	ZIP:
Email:	
Phone Number:	Van B
Donor Name:	Amt\$:
KSISA Staff Initials:	Total Amt \$:

Bring this card and your checks/money the day of the walk to the registration table or sign up online to start asking friends and family for donations. Kentuckiana Stroke Association is a 501c3 nonprofit organization.

3425 Stony Spring Circle #102 Louisville, KY 40220

