

National Scleroderma Foundation- Missouri Chapter

Stepping Out Kansas City



Stepping Out to Cure
SCLERODERMA



Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone Number _____

Registration Fee

Donation Only

Cash \$ _____ Card _____ Check # _____

Walk Staff fills out following section:

Your Receipt

Thank you so much for your participation in the Stepping Out Kansas City's 2023 walk. We hope to see you in 2024!

Registration Fee: \$30 If applicable, Donation: \$ _____ Initial: _____

