

FIRST STEP: REGISTRATION

STEP OUT[®] | WALK TO STOP DIABETESSM

Or register online at diabetes.org/stepout.

 American Diabetes Association.

RETURN ADDRESS: AMERICAN DIABETES ASSOCIATION, SERVICE CENTER, 1701 NORTH BEAUREGARD STREET, ALEXANDRIA, VA 22311

I will Step Out in: CITY STATE T X
McKinney Park 9/12, Midland College 10/3

CONTACT INFORMATION

PREFIX SUFFIX DATE OF BIRTH - - HOME ADDRESS WORK ADDRESS

FIRST NAME M.I. LAST NAME

STREET NUMBER STREET NAME

CITY STATE ZIP

COMPANY NAME

HOME PHONE - - WORK PHONE - -

EMAIL ADDRESS



- I am a Red Strider. (A Red Strider is a walker with Type I, Type II or gestational diabetes).
- Sign me up to use the online fundraising tools using the email address provided above.

HOW DID YOU HEAR ABOUT STEP OUT?

- MAIL/POSTCARD
- STORE DISPLAY
- E-MAIL
- FAMILY/FRIEND
- COMMUNITY EVENT
- POSTER
- AD*
- OFFICE

*Please specify publication: _____

- I am walking and want to jumpstart my fundraising by making a personal contribution.
- I am unable to walk but will support the fight against diabetes by making a personal contribution.

I WOULD LIKE TO MAKE A DONATION

\$

CHECK (Payable to American Diabetes Association) EXP -

CARD NUMBER

CARDHOLDER'S SIGNATURE: _____

CREDIT CARD BILLING ADDRESS: _____

DO YOU OR A LOVED ONE HAVE DIABETES?

- SELF TYPE 1 TYPE 2 PRE DIABETES
- SPOUSE TYPE 1 TYPE 2 PRE DIABETES
- PARENT TYPE 1 TYPE 2 PRE DIABETES
- CHILD TYPE 1 TYPE 2 PRE DIABETES
- OTHER TYPE 1 TYPE 2 PRE DIABETES

LEARN MORE ABOUT ADA AND ITS SUPPORTERS

- Yes, I'd be interested in receiving special offers and/or information related to preventing and managing diabetes from companies that support the mission of the ADA.
- Yes, I want to become a Diabetes Advocate! Please send me Action Alerts. (E-mail required)
- Yes, I'd like to receive a FREE issue of Diabetes Forecast, The Healthy Living Magazine.

EVENT INFORMATION

MY FUNDRAISING GOAL IS \$

T-SHIRT SIZE: S M L XL XXL XXXL

TEAM INFORMATION

I'm interested in starting a team I'm interested in joining a team

TEAM TYPE FAMILY/FRIEND CORPORATE CLUB/ORGANIZATIONAL SCHOOL

TEAM NAME

TEAM CAPTAIN



EMERGENCY CONTACT INFORMATION

FULL NAME

PHONE NUMBER - -

FOR MORE INFORMATION CONTACT THE AMERICAN DIABETES ASSOCIATION AT 1-888-DIABETES OR DIABETES.ORG