

Free White Cane Application

Thank you very much for your interest in the Free White Cane Program. Please complete all fields on this application form (an e-mail address is not required). Incomplete forms cannot be processed.

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Birth Date: _____
(month) (day) (year)

Email: _____(optional)

Member of NFB? Yes No

Braille Reader? Yes No

Circle Cane Size: 25 27 29 31 33 35 37 39 41 43 45 53 55
57 59 61 63

By requesting this white cane, I acknowledge that:

- I am blind or visually impaired
- This cane is for my personal use.
- It is more than six months since a previous request for a white cane.

Signature: _____

Please mail completed application to:

Free White Cane Program
National Federation of the Blind
200 East Wells Street at Jernigan Place
Baltimore, MD 21230