

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 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 white cane request

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