

Donation Form

Please accept my gift in the amount of:

- \$25 \$500
 \$50 \$1000
 \$100 \$2500
 \$250 Other: \$ _____

Donor Name(s): _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Check here if you wish to remain anonymous.

My gift is:

In honor of: _____

In memory of: _____

Occasion (i.e. birthday, anniversary): _____

Please send acknowledgement to:

Name: _____

Address: _____

City, St, Zip: _____

Check enclosed (make payable to DSAM)

Please charge my credit card

Account #: _____

Expiration date: ____/____

Name on card: _____

Signature: _____

I would like more information about including the Down Syndrome Association of MN in my will.

I have included the Down Syndrome Association of MN in my will.

Please send me more information about Down syndrome.