



I would like to make a donation....

Source Code: Annual Appeal

Last Name _____ First _____

Email _____ Preferred Phone _____

Agency Name (if applicable) _____

Address _____ City _____ State ____ Zip Code _____

Please write in Buddy Walk team name, if applicable: _____

Or, please write individual to notify of your Buddy Walk® donation: _____

Relationship to an individual with Down syndrome: (Please circle all that apply)

Parent Professional Grandparent Educator Self Advocate
Sibling No Relation Loved one of an individual who is now deceased Other

I would like to support Down Syndrome Indiana's mission to serve as a helpful resource providing information, support and activities that, combined or individually, promote growth and participation of people with Down syndrome in their communities. I would like to make the following contribution:

_____ \$ 25.00 _____ \$ 50.00 _____ \$75.00 _____ \$ 100.00 _____ \$250.00 _____ \$500.00 _____ \$ 1,000.00

_____ Other amount (Please write in amount): _____

Please place a check mark next to the method of payment below:

_____ Check (Make payable to the Down Syndrome Indiana and mail to: Down Syndrome Indiana, 708 E. Michigan Street, Indianapolis, IN 46202).

_____ Charge Card: Please fill in additional information:

_____ Visa _____ MasterCard _____ Other. Please write card type here: _____

Account #: _____ Expiration Date: _____ Security Code: _____

Authorized Signature: _____

_____ Please check this box if you would like to receive information on planned giving to Down Syndrome Indiana.

Down Syndrome Indiana is a 501 (c) (3) not-for-profit organization. Contributions are deductible to the extent permitted by law. All funds received are appreciated and will be used to further the objectives of Down Syndrome Indiana. DSI's Federal Tax ID # is 80-0732286. You will receive a thank you letter and receipt in the mail.