



Down Syndrome
Association
of Los Angeles

DONATIONS

I/We wish to support the Down Syndrome Association of Los Angeles with the tax-deductible contribution checked below:

\$1,000 _____ \$750 _____ \$500 _____ \$100 _____
 \$ 75 _____ \$ 50 _____ \$ 25 _____ Other _____

If your company has a matching gift program, please enclose the matching gift form.

My mail check to: DSALA 16461 Sherman Way, Suite 180; Van Nuys, Ca 91406

Amount enclosed \$ _____

Please charge my
 _____ **Visa** _____ **MasterCard** \$ _____

Card number _____

Expiration Date _____

3-Digit Security (CVV) Code (located on the back of Card) _____

Signature _____

Print Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone # _____

My gift is in honor of: _____

My gift is in memory of _____

For Honor/Memorial gifts send acknowledgement to:

Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____