

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (       ) \_\_\_\_\_

\$25    \$50    \$100    \$200    \$500    \$ \_\_\_\_\_

My donation is in memory of \_\_\_\_\_

My donation is in honor of \_\_\_\_\_

For information about designating DSALA in your will or living trust, please check here

If you prefer that we do not list your name in our newsletter, please check here

Your tax-deductible gift is gratefully received. Thank you.



### **OUR MISSION**

- **To enhance the welfare of people with Down syndrome and their families through the development and promotion of education, counseling, employment and recreational programs**
- **To increase public awareness understanding and acceptance of Down syndrome**



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