



**Down Syndrome Connection of the Bay Area**  
*Empower - Inspire - Support*



## **WE THANK YOU FOR YOUR DONATION!**

### **DONATION BY CREDIT CARD OR CHECK**

(Please fill out all applicable fields)

**Pay by Card:** Amount Donated \_\_\_\_\_

Card Type \_\_\_\_\_ Card Number \_\_\_\_\_

Expiry Date (mo/yr) \_\_\_\_/\_\_\_\_ Security code (on back of card) \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number \_\_\_\_\_ Email \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

#### **Would you like your donation in honor or in memory of someone?**

In Honor of \_\_\_\_\_

In Memory of \_\_\_\_\_

Please state if you would like your donation to be acknowledged to the family mentioned above. Yes/No \_\_\_\_\_

**If Yes** -Provide the full name and address of the person you are honoring or remembering.

\_\_\_\_\_

**Pay by Check:** Amount Donated \_\_\_\_\_

Name of Donor \_\_\_\_\_

Address (if not on check) \_\_\_\_\_

Phone number \_\_\_\_\_ Email Address \_\_\_\_\_