



**Yes! I want to support NDSS and help make a difference in the lives of individuals with Down syndrome.**

**Please accept my contribution:**

- |                                |                                  |  |
|--------------------------------|----------------------------------|--|
| <input type="checkbox"/> \$25  | <input type="checkbox"/> \$500   | <input type="checkbox"/> \$5,000               |
| <input type="checkbox"/> \$50  | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$10,000              |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> Other Amounts \$_____ |

*NDSS is a 501(c)(3) tax-exempt organization. Your donation is tax-deductible to the full extent of the law.*

**I have enclosed a check/money order made payable to NDSS.**

**Please charge my credit card:**  American Express  MasterCard  Visa  Discover

**Card number** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **CVC (3-4 digits)** \_\_\_\_\_

**Cardholder name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Signature (if giving cc info)** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Honor/Memorial Tributes:**

**Name of Honoree** \_\_\_\_\_

**Occasion/Reason for gift** \_\_\_\_\_

**Name/Address of person to receive notification** \_\_\_\_\_

**Message for gift recipient** \_\_\_\_\_

The National Down Syndrome Society (NDSS) is the leading human rights organization for all individuals with Down syndrome.

NDSS envisions a world in which all people with Down syndrome have the opportunity to enhance their quality of life, realize their life aspirations, and become valued members of welcoming communities.

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