



**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 to empower individuals with Down syndrome and their families by driving policy change, providing resources, engaging with local communities, and shifting public perceptions.

NDSS is to ensure all individuals with Down syndrome are assured their human rights and valued by a more inclusive society.