national down syndrome society
ndss

☐ Yes! I want to support NDSS and help create a world where individuals with Down syndrome thrive.

Please accept my contribution:

☐ $25	☐ $500	☐ $5,000
☐ $50	☐ $1,000	☐ $10,000
☐ $100	☐ $2,500	☐ 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's mission is to create a world where individuals with Down syndrome thrive.

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