



Down Syndrome Association of Acadiana

Together... families dream, hope, and soar

Donation Form

Name	Company Name	
Address		
City	State	Zip Code
Email Address		
Telephone	Fax	

In Honor or In Memory of: _____

Donation Amount

- \$100 Donation
- \$250 Donation
- \$500 Donation
- \$_____ Other Donation In-kind

Donation description: _____

*Please make checks payable to **Down Syndrome Association of Acadiana** and return this form with payment to:*

*Down Syndrome Association of Acadiana
P. O. Box 81323
Lafayette, LA 70598-1323*