



Down Syndrome Association of Acadiana

Name _____

Address _____

City _____

State _____

Zip Code _____

Donation Amount

- ☐ \$100 Donation
- ☐ \$250 Donation
- ☐ \$500 Donation
- ☐ \$1000 Donation
- ☐ \$_____ Other Donation

In Honor or memory of:

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 70508-1323.
DSAA is a 501 (c)3 (non-profit) organization. Contributions in excess of the minimum \$20 membership fee are tax deductible.

DSAA Use Only	Date Received: _____	Amount _____	Check # _____
	Cash _____	Payment Received by: _____	