



Down Syndrome Association of Acadiana

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 or monetary)

*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*

*Telephone: (337) 234-3109 Email: dsaa@dsaa.info Website: www.dsaa.info
DSAA is a 501 (c)3 (non-profit) organization. Contributions in excess of the minimum \$25 membership fee are tax deductible.*

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