



EDUCATION • SUPPORT • AWARENESS • ADVOCACY • OUTREACH •
PROGRAMS • CONFERENCES • SOCIALS

7115 W. Tidwell • Suite 106 • Houston, Texas • 77092
713.682.7237 • www.dsah.org

DONATION FORM

Donors Information

Today's Date: _____

Name: _____

Address: _____

City

State

Zip Code

Phone Number: _____

E-mail Address: _____

Is this a general donation or for a specific event/program?

General Donation _____ Program/Event: _____

Your Donation is in honor of:

_____A person with Down syndrome (Please provide their name): _____

What is your relationship to this person? (If applicable): _____

Donation Details

Amount \$ _____

Payable by: _____Credit Card (please see below) _____ Check _____Other

If you would like to pay with credit card, please provide the following information:

Please Charge my: _____ AMEX _____ MasterCard _____ Visa

Name of Card holder (as it appears on card): _____

Credit Card number: _____ Expiration Date: _____

Billing Address of card: _____

_____ Same as in "Donors Information"

X _____

Authorized Signature

Please send or fax the completed form to the address above along with your form of payment for the donation. Fax#713-996-9290

THANK YOU for donating to DSAH