

CDSC Donation Form

Name: _____

Organization/Title: (if applicable): _____

Street/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

*We will only call/email if there are questions about your donation.

My donation is: in honor of / in memory of: _____

Please check if you do NOT wish to be recognized for your donation.

Payment Information

I/We would like to donate to the CT Down Syndrome Congress in the amount of \$ _____.

***Your contribution to CDSC, Inc., is tax deductible.**

If paying by check, please make your check payable to: **CDSC**

We also accept credit card payment: Visa Master card:

Name on Credit Card: _____

Credit Card Number: _____ Expiration Date: _____

Signature: _____

Mail this form with payment to:

Connecticut Down Syndrome Congress
c/o Arc of Meriden/Wallngford
200 Research Parkway
Meriden, CT 06450

Additional Information

Call us toll free at 888-486-8537

Email us: manager@ctdownsyndrome.org

Visit us: <http://www.ctdownsyndrome.org>

**All information in this form is confidential.
The CDSC does not share its lists with any person/organization/entity.**