DOWN SYNDROME INNOVATIONS

DONATION COLLECTION FORM

Instructions:

1. Fill in the name of the team captain and team name.
2. Please make all checks payable to Down Syndrome Innovations. Please specify team name on all checks.
3. All contributions must accompany this donation form.
5. Mail donations to the Down Syndrome Innovations office. All donations must be received by Saturday, October 8th at 1:00pm to be eligible for walk team incentive prizes.

Please credit these donations to:_____ walk team to be eligible for fundraising incentives

COLLECTORS NAME:_____

TEAM NAME:_____

DONOR'S NAME	STREET ADRESS	CITY	STATE	ZIP	EMAIL	DONATION
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