



YES! I Support the Down Syndrome Association of West Michigan Foundation Connecting Communities Campaign

CONTACT INFORMATION:

First Name

Last Name

Street Address

City

State

Zip

Email

Phone

Please print name(s) as you prefer to be listed in donor recognition material:

Prefer to remain anonymous

Please accept this gift of \$ _____

This is a one-time gift

This is a multi-year pledge paid out as follows:

2020: ____ 2021: ____ 2022: ____ 2023: ____

PLEDGE:

- Annual
- Enclosed is my company's gift-matching program application
- Appreciated assets (please contact me)
- Please charge (check one): Visa Mastercard Discover Amex

_____ Account #

_____ Security Code

- Check payable to Down Syndrome Association of West Michigan Foundation

_____ Date

PLEASE RETURN TO:

**Down Syndrome Association
of West Michigan Foundation**
160 68th Street SW. Ste. #110
Grand Rapids, Michigan 49548
(616) 956-3488

QUESTIONS?

Jennifer DeVault
DSAWM Executive Director
director@dsawm.org

