

# DONATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

My donation is for:

- Northwest Down Syndrome Association
- All Born (In) Conference
- Kindergarten Inclusion Cohort
- Buddy Fest NW
- Social Justice Youth Program
- Other: \_\_\_\_\_
- Memorial fund, in memory of: \_\_\_\_\_

- Please add my family to the NWDSA/ABI e-mail list**
- Please add my family to the NWDSA/ABI "snail mail" list**

Send this form with your check made out to NWDSA to:

NWDSA/ABI  
11611 NE Ainsworth Circle, Ste 321  
Portland, OR 97220

## Thank you for your support!



PROGRAMS OF NW DISABILITY SUPPORT