

## Please Mail Your Donation To:

Trisomy 18 Foundation  
4491 Cheshire Station Plaza, Suite 157, Dale City, VA 22193

You can also donate online at [trisomy18.org/donate](http://trisomy18.org/donate)  
Or by calling 810-867-4159 (9am-5pm EST)



**TRISOMY 18  
FOUNDATION®**

## DONATION INFORMATION

Amount:  \$500  \$250  \$100  \$50  \$25  Other \_\_\_\_\_

Check/money order enclosed (Payable to Trisomy 18 Foundation) Charge my:  Visa  MasterCard  American Express

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_  
(3 digit code on back, 4 digit on AMEX)

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

## TRIBUTE INFORMATION

This gift is:  in honor of:  in memory of: Honoree's Name: \_\_\_\_\_

The Honoree is a child impacted by Trisomy 18  Yes  No

I am:  the child's parent  family member  family friend  health professional  other (specify) \_\_\_\_\_

## DONOR INFORMATION

Please list my donation as Anonymous.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State / Province: \_\_\_\_\_ ZIP / Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address:\* \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

\*YES, send me my receipt by email to save postage.

YES, send me updates about the Trisomy 18 Foundation.

## GIFT NOTIFICATION

YES, send a notification of my gift to:

Recipient's Name: \_\_\_\_\_ Recipient's Relationship to Honoree: \_\_\_\_\_

Recipient's email Address if known: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State / Province: \_\_\_\_\_ ZIP / Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_