

Please mail your donation to:

Trisomy 18 Foundation
PO Box 320, Flushing, MI 48433



You can also donate online at trisomy18.org/donate
or by calling 810-867-4211 (9am-5pm EST)

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: _____