

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

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: _____