



Buddy Walk® Donation Form

Enclosed is a check/money order made payable to **Down Syndrome Indiana**

In support of the participant listed below:

Participant's Name/Team: _____

(Please note the participant's name in the memo line of your check.)

Name _____

Address _____

City _____ State _____ Zip _____

Email address _____

Telephone Number _____

Payment Type: Check _____ Cash _____ Credit Card _____

Credit Card Type: Mastercard _____ Visa _____ Amex _____ Discover _____

Name as it appears on card, if different than above: _____

Credit Card Number: _____ Exp Date ____ / ____ Security Code on Back: _____

Billing address, if different than above: _____

____ Yes, I would like my name/Company (as listed above) included on the donor list for the participant I am supporting.

____ Yes, I would like my donation amount included on the donor list for the participant I am supporting.

____ Yes, please include the following message on the participant's fundraising page:

Thank you for your contribution!

Mail this form and your check/money order to:

Down Syndrome Indiana Attn: Lisa Wells, 708 E Michigan Street, Indianapolis, IN 46202