



## Down Syndrome Association of Mid-Columbia

### Buddy Walk® Donation Form

Enclosed is a check/money order made payable to **DSAMC**

in support of the participant listed below:

Participant's Name: \_\_\_\_\_

*(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 (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:

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Thank you for your contribution!

*Mail this form and your check to:*

Down Syndrome Association of Mid-Columbia  
Attn: DSAMC Buddy Walk®  
P.O. Box 1211  
Richland, WA 99352