

DONATION FORM



Please mail this form with your donation to:
Dyspraxia DCD America
424 Madison Avenue, Fifth Floor
New York, New York 10017

*A receipt acknowledging your donation will be mailed to you.
Thank you for your support!*

DONOR INFORMATION **Individual Contribution** **Corporate Contribution**

First Name / Last Name _____

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TRIBUTE INFORMATION (optional)

This gift is in memory of someone. **This gift is in honor of someone.**

Honoree First Name / Last Name _____

Occasion _____

Send tribute acknowledgement to:

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Would you like your donation amount shared? Yes No

Personal Message - To Be Included in Tribute Acknowledgement Letter (optional)

PAYMENT INFORMATION

\$25 \$50 \$100 \$250 \$500 Other _____

Please make checks payable to *Dyspraxia DCD America*. **OR** Go to dyspraxiadcdamerica.org to donate online.
To protect your contribution, please do not send cash.

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