

## **Membership Form**

Down Syndrome Guild of Dallas membership is offered at *no cost* to anyone with an interest in Down syndrome; however, donations are greatly appreciated. Simply complete this form with your current contact information allowing us to include you in our resource updates, newsletters, and event invitations.

Please send completed forms to Down Syndrome Guild of Dallas, 1702 N. Collins Blvd., Suite 170, Richardson, TX 75080, or *samantha@downsyndromedallas.org*.

DSG Membership Information:						
Name I			E-m	nail		
Address			City	y/State/Zip		
Phone (home)			(cell	(cell)		
Employer (his)				rs)		
Name of Family Member with Down syndrome				Date of Birth		
School District Race (for statistical purposes only)						
I prefer to receive the monthly newsletter: □ Electronically □ By Mail						
Please send me the n	E-mail  City/State/Zip  home) (cell)  er (his) (hers)  f Family Member with Down syndrome Date of Birth  District Race (for statistical purposes only)  to receive the monthly newsletter:   Electronically   By Mail  end me the newsletter in:   English   Spanish  you may publish my contact information in the DSG online password protected directory.  rship type:   Parent   Family Member   Educator   Professional   Other  vill support the Down Syndrome Guild of Dallas with a financial contribution of:    \$25					
□ Yes, you may publ	City/State/Zip  the (home) (cell)  loyer (his) (hers)  the of Family Member with Down syndrome Date of Birth  tool District Race (for statistical purposes only)  fer to receive the monthly newsletter:   Electronically   By Mail  see send me the newsletter in:   English   Spanish  sees, you may publish my contact information in the DSG online password protected directory.  The will support the Down Syndrome Guild of Dallas with a financial contribution of:    S25					
Membership type:	□ Parent	□ Family I	Member □ Eo	ducator   Professional   Other		
Yes, I will support the Down Syndrome Guild of Dallas with a financial contribution of:						
□ \$25	□ \$75	□ \$500	□ <b>\$2,500</b>	<b>\$10,000</b>		
□ \$50	□ <b>\$100</b>	<b>\$1,000</b>	□ <b>\$5,000</b>	□ Other \$		
$\hfill I$ have enclosed a check/money order payable to DSG.						
□ Please charge my o	credit card:	□ Amex	□ MC/Visa	□ Discover		
Card Number				Expiration Date		
Cardholder Name				Signature		