



MAIL OR FAX DONATION FORM

THIS PRINTABLE FORM IS AVAILABLE FOR SPONSORS WANTING TO DONATE OFFLINE. FILL IN YOUR NAME IN THE BLANK SPACE PROVIDED TO MAKE SURE THAT YOUR SPONSOR'S DONATION IS APPLIED TO YOUR ONLINE FUNDRAISING PAGE.

SUPPORT ME AS I PARTICIPATE IN THE Team TSF Turner Awareness Movement

My contribution is sponsoring _____
(Individual or Team TSF Name)

Event City: _____

Sponsor Message: _____

Donation Amount \$ _____

Make Checks Payable to Turner Syndrome Foundation, Inc.

(Please do not staple or tape checks to this form)

Cash ___ Check # _____ Visa ___ Master Card ___ AmExp ___ Discover ___

Credit Card # _____

Expiration Date: ____/____/____ CVV# _____

Signature _____ Date: ____/____/____

Sponsor Name: _____

Address _____

City _____ State _____ Zip _____

Home phone (____) _____ - _____ Work Phone (____) _____ - _____

E-mail _____@_____

Corporate Matching Gift: _____

Double your gift! Provide name and address of matching corporate donor.

Mail this form and your check (please do not send cash) to:

**Turner Syndrome Foundation, Inc.
PO Box 726, Holmdel, NJ 07733**

**Send credit card donations by Fax to:
TSF Fax #: 800-594-3862**

Basic inquiries: Telephone 800-594-4585 or Email info@tsfusa.org

Due to the high volume of donations received both in the mail and on the day of the event, please allow 2-3 weeks from the date that the donation is received to post to your account.

Thank you for your kind and generous support!

Turner Syndrome Foundation, Inc. is a 501(c) (3) nonprofit organization EIN 27-1409942