



MAIL OR FAX DONATION FORM

PRINT

To sponsor a fundraiser, kindly include the tribute information.

Tribute Donation Form

Circle one

My contribution is in tribute in honor, celebration or in memory of: _____
(Name of Tribute)

Tribute Family First Last and Address: _____
(My connection to Tribute)

Sponsor Message: _____

One-Time Donation Amount \$ _____ Monthly 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: ____/____/____

Donor 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

Thank you for your kind and generous support!

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