



We thank you for your support!



Société canadienne du syndrome de Down

I would like to make a **one-time donation** of: \$50 \$75 \$100 Other _____

I would like to make a **monthly donation** of: \$5 \$10 \$25 Other _____

With our monthly giving option, your gift supports the CDSS on a regular basis. Your donation will be withdrawn from your credit card or bank account on the 1st of each month. Should you wish to change or cancel your authorization at any time, please contact the CDSS at 1-800-883-5608.

.....
 Cheque (Make payable to the Canadian Down Syndrome Society for one-time gifts; attach a void cheque for monthly giving)

Visa **MasterCard** Card number: _____ Exp: _____

Name on card: _____ Signature: _____

Name: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Phone: _____ Email: _____

Email is a cost-effective way for the CDSS to communicate with our members. Your phone number allows us to remove your number from telemarketing lists. The CDSS does not exchange, sell or distribute our lists.

A Registered Charitable Organization: CCRA Business Number 11883 0751 RR 0001

www.cdss.ca | info@cdss.ca | 1-800-883-5608 | #283 - 5005 Dalhousie Dr. NW, Calgary, AB T3A 5R8



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