



## 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.

### 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: \_\_\_\_\_

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](mailto: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