

MEMBERSHIP / DONATION FORM

The IRS recognizes the LSA as a Section 501(c)(3) non-profit charitable organization. All donations are tax-deductible to the extent provided by law. Print and mail to Lowe Syndrome Association, P.O. Box 417, Chicago Ridge, IL 60415-9623 USA

PERSONAL INFORMATION

Name

Street address

City

State

Zip

Country

Phone number

Email address

PAYMENT INFORMATION

\$ _____
Payment method total amount (USD only; do not send cash)

Visa MasterCard Check Money order

Please make check or money order payable to LSA

Credit card account number

Expiration date (mm/yy)

cvv # (3 digit)

LSA RECEIPT & PUBLIC ACKNOWLEDGMENT POLICY. A RECEIPT WILL BE SENT FOR ALL DONATIONS OF \$100 OR MORE, OR UPON REQUEST. THE NAMES AND STATES (OR COUNTRIES) OF ALL DONORS OF \$30 OR MORE WILL BE PRINTED IN OUR NEWSLETTER, UNLESS OTHERWISE REQUESTED. SPECIAL OCCASION AND MEMORIAL GIFTS WILL BE PRINTED IN THE NEWSLETTER WITH NO GIFT AMOUNTS GIVEN.

Authorizing signature

DONATION INFORMATION

PLEASE CHECK ONE:

- Parent of LS child
 Educator or Social Service Professional
 Organization/Agency
 Relative/Friend
 Medical/Scientific Professional
 Other (Please specify below)

Other

CONTRIBUTION LEVEL:

- \$35 Member
 \$50 Sustainer
 \$100 Sponsor
 \$250 Friend
 \$500 Patron
 \$1,000 Benefactor
 Other Amount (Please specify below)
 I am the parent of a child with LS and would like to join but cannot afford a contribution at this time.

\$ _____
Other amount

MEMORIAL OR SPECIAL OCCASION GIFT - THIS DONATION IS BEING GIVEN IN MEMORY OF IN HONOR OF:

SEND ACKNOWLEDGMENT TO:
