



CCDSS Buddy Walk® Donation Form

Enclosed is a check/money order made payable to **CCDSS**
in support of the participant listed below:

Participant's Name: _____
(Please note the participant's name in the memo line of your check.)

Name _____

Address _____

City _____ State _____ Zip _____

Email address _____

Telephone number _____

- ☐ Yes, I would like my name (as listed above) included on the donor list for the participant I am supporting.
- ☐ Yes, I would like my donation amount included on the donor list for the participant I am supporting.
- ☐ Yes, please include the following message on the participant's fundraising page:

Thank you for your contribution!
Mail this form and your check to:
Centre County Down Syndrome Society (CCDSS)
Attn: Buddy Walk®
P.O. Box 825
State College, PA 16804