



# 2017 Down Syndrome Awareness Month Order Form for a **BASIC SUPPORT SIGN**

Signs can be picked up Monday-Friday beginning September 25<sup>th</sup> between 9am-5pm

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_  Cell  Home  Other \_\_\_\_\_

Email \_\_\_\_\_

Quantity \_\_\_\_\_ x \$21 each = \_\_\_\_\_ Total Amount = \$ \_\_\_\_\_

Payment Method: Cash \_\_\_\_\_ Check# \_\_\_\_\_ Credit Card \_\_\_\_\_ (fill-out box below)

Credit Card Type - <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AmerEx
Card Number _____ Exp Date _____ CSC _____
Billing Address (If different from above) _____
Signature _____

**Mail Form To: DSAGSL • 8531 Page Avenue, Suite 120 • St. Louis, MO 63114**  
**Fax Form To: (314) 989-1579 • Email Form To: [abigailbeckord@dsagsl.org](mailto:abigailbeckord@dsagsl.org)**