



Friends for All Seasons 2022 Calendar Order Form

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell Home Business

Email _____

Please check if you do NOT wish to receive email correspondence from DSAGSL.

Quantity _____ x \$10 each = \$ _____

I will pick up my order at the DSAGSL office

Yes, ship to me at \$2 per calendar = \$ _____

Total Amount = \$ _____

Payment Method:

Cash _____ Credit Card _____ (fill-out box below) Check# _____ (Checks can be made out to DSAGSL)

Credit Card Type - Visa MasterCard Discover AmerEx

Card Number _____

Exp. Date _____ Sec. Code _____

Billing Address (If different from above) _____

Signature _____

Return this form to:

Down Syndrome Association of Greater St. Louis

1300 Strassner Dr, Brentwood, MO 63144 • faith@dsagsl.org • Fax (314) 989-1579