

2024 BUDDY WALK® DONATION FORM
October 26, 2024 | Parc International | Lafayette, LA

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Email: _____

Child/Team Name _____

Please make checks payable to **Down Syndrome Association of Acadiana**. Make sure every check has the Child/Team name on the memo field. **This form is for donations only, must be turned in no later than noon, Wednesday, October 16, 2024 to be eligible for prizes/awards.**

PLEASE COMPLETE ALL FIELDS FOR EACH DONATION

1. Donation Name: _____ Amount \$ _____

Address: _____

City: _____ State: _____ Zip: _____

2. Donation Name: _____ Amount \$ _____

Address: _____

City: _____ State: _____ Zip: _____

3. Donation Name: _____ Amount \$ _____

Address: _____

City: _____ State: _____ Zip: _____

4. Donation Name: _____ Amount \$ _____

Address: _____

City: _____ State: _____ Zip: _____

5. Donation Name: _____ Amount \$ _____

Address: _____

City: _____ State: _____ Zip: _____

6. Donation Name: _____ Amount \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Total Donations: \$ _____

Come Walk With Us! Your Support Will Change Lives.

Donate online at www.DSAABuddyWalk.com