



## 2018 BUDDY WALK POSTER ORDER FORM

I am ordering \_\_\_\_\_ Posters at \$25 each

Name of person with DS: \_\_\_\_\_

Team Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

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

If you are placing orders for the multiple children, please fill out a form for each child.

Please submit this form and a high resolution DIGITAL PICTURE to [buddywalk@dsah.org](mailto:buddywalk@dsah.org)

Payments: By check make payable to DSAH  
By Credit Card: \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ DC  
\_\_\_\_\_ AMEX

Name on Card: \_\_\_\_\_

Credit Card#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Billing Address Same as above

CVC# \_\_\_\_\_ (3 digits on back of card)



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