

DANCING with the STARS

A fundraiser for the



DENVER ADULT
DOWN SYNDROME
CLINIC

Please respond by July 14, 2011

Please indicate the number of tickets or sponsorships below.

_____ Adults \$75 = _____

Other Ways to Help:

_____ \$10,000 Waltz Sponsorship

_____ \$2,500 Salsa Sponsorship

_____ \$5,000 Tango Sponsorship

_____ \$1,000 Cha-Cha Sponsorship

I/We cannot attend, but would like to donate \$ _____ to DADSC.

_____ My employer matches my contributions. I have enclosed a matching gift form for this purpose.

Enclosed is my check for a total of \$ _____ **Payable to the Denver Adult Down Syndrome Clinic**

Bill my (Please circle one): Visa MC AMEX DISCOVER

_____ Exp. _____

Signature: _____

Name: _____

Billing Address: _____

City/State/Zip: _____

Daytime Phone: _____ E-mail: _____

Please list names of guests on the back of this card.