



DONATION FORM
2016 SMILE ON DOWN SYNDROME
SMILE MILE

Saturday, October 1, 2016 • 9am to Noon

Please note that donations \$300 or above are eligible for sponsorship recognition. Please contact Nikki Davis at nikki@smileondownsyndrome.org for more details!

(THIS FORM IS FOR SIGNING UP PEOPLE WHO ARE NOT PARTICIPATING DAY OF - Duplicate form as needed.)

Donations may be made online at your own fundraiser page at www.smileondownsyndrome.org and following the SMILE Mile links or you can use this form. If you are part of a Team, submit this form with the money you have collected to your Team Captain. Others, please send form to SMILE on Down Syndrome, PO Box 994, Newburgh, IN 47629. Make donations in cash or checks payable to SMILE on Down Syndrome. (Please do not mail cash)

Donations are tax-deductible

Name: _____ Address: _____ City, State, Zip: _____
 Phone: _____ Email: _____
 Team Name: _____ Team Captain: _____

Donor's Name	Street	City	State	Zip	Phone #	Donation
						\$
						\$
						\$
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						\$
						\$
						\$
Total						\$

SMILE on Down Syndrome is a 501 (c)(3) non-profit organization. Thank you for your support.

Waiver: In consideration of me and/or my minor child being permitted to participate in the SMILE on Down Syndrome SMILE Mile, I hereby-for myself, my heirs and personal representatives-assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue SMILE on Down Syndrome, its officers, employees, sponsors, organizers, volunteers or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered by myself and/or my minor child as a result of taking part in the events and any related activities. I also authorize the use by SMILE of any photo, film or videotape taken of me or my minor child at the event for any purpose.

Signature _____ Date _____