



I would like to support the critical, life-affirming work of the Jerome Lejeune Foundation that is carried out on behalf of children and adults living with Down syndrome and other genetic intellectual disabilities.

Enclosed is my tax-deductible gift of \$ _____
Please make checks payable to: Jerome Lejeune Foundation

To make a donation by credit card, please provide your information below or visit www.lejeuneusa.org to make a donation online.

Credit Card Gift

Please charge my credit card: Gift amount \$ _____

☐ Visa ☐ Mastercard ☐ Discover ☐ AMEX

Card # _____

Exp. Date: ____/____ Security Code: _____

Name as it appears on card: _____

Signature: _____

Daytime Phone Number: _____

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☐ I will make the following recurring gift of:

☐ \$ _____ per month for ____ months

☐ \$ _____ per quarter for ____ quarters

☐ \$ _____ per year for ____ years

☐ I authorize \$ _____ to be debited from

my credit card account # _____

Exp. Date: ____/____ Security Code: _____

*You can make changes or cancel your recurring gift
by calling 267-403-2910*

Please provide your information so that we can formally thank you and send a tax receipt.

Name:

Address:

City:

State and Zip Code:

Phone Number:

Email Address:

THANK YOU!

Completed forms and donations can be mailed to 6397 Drexel Road, Philadelphia, PA 19151