

${\bf Awareness\ Partnership\ with\ the\ Down\ Syndrome\ Association\ of\ Greater\ Toledo}$

Yes! We are excited to bring awareness of Down syndrome through the following:

	Awareness Event Only
	Awareness Event and Fundraiser (we plan to raise funds to be donated to DSAGT)
	Other:
	of participating school/business/community organization
Name	of contact person
	Phone Number
Do you have a student, employee or friend with Down syndrome at your location? If yes, are you able to share their name(s)?	
ii yes,	are you able to share their hame(s):
Descri	ption of awareness event (how information about Down syndrome will be shared, how DSAGT can help assist
your e	fforts, etc.)
Date o	of awareness event
Descri	ption of how funds will be raised (if any)

Please return this form to Krista Huff via email (krista@dsagt.org) or by mailing to:

DSAGT, P.O. Box 298, Sylvania OH 43560

