



TREASURE VALLEY
DOWN SYNDROME ASSOCIATION

2017 TVDSA Calendar

\$15.00 per Calendar

_____ I will pick up my calendar(s) at the next family meeting.

_____ *Please mail the calendar(s) to me at the address listed below:

Buyer Information		
Name		
Address		
City/State/ZIP		
Phone Number		
Email Address		
	Quantity	Total
2017 TVDSA Calendar		

*If choosing to have the calendar mailed to you, please consider adding a donation in order to cover the cost of postage.

I would like to make an additional (tax-deductible) donation to the Treasure Valley Down Syndrome Association in the amount of \$ _____

Grand Total for this order: \$

Please make checks payable to TVDSA.

Mail order form and payment to: TVDSA
PO Box 1404
Meridian, ID 83680

Thank You For Your Order!