



# DYS Donation Form

Please accept my/our gift of \$ \_\_\_\_\_

In Celebration of \_\_\_\_\_

In Honor of \_\_\_\_\_

In Memory of \_\_\_\_\_

From:

Please acknowledge to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

Yes, I would like to be acknowledged in DYS materials.

No, I prefer my gift to remain anonymous.

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If paying by credit card, please include the following info:

Visa     MasterCard (Check one)

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Confirm **the name, address & phone number** listed above is the billing information for the card.

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When paying by check, please make check payable to: *Diabetes Youth Services*

Send Check or credit card information, along with this completed form to:

**Diabetes Youth Services**  
**5871 Monclova Road**  
**Maumee, OH 43537**

*Teaching local children to manage their diabetes every day until there is a cure.  
Supporting families, preventing complications, and improving lives.*

Diabetes Youth Services  
5871 Monclova Road, Maumee, OH 43537  
419-887-8739; Fax: 419-887-8788; Email: [info@dys4kids.org](mailto:info@dys4kids.org)  
Webpage: <http://www.dys4kids.org>