

RODS Donation by Check

Donor Name: _____

Business Donor Name: _____

If applicable

Email: _____

Donation on behalf of: _____

RODS Team Member

Event Name: _____

If applicable

Comments: _____

Subscribe to our RODS quarterly newsletter: YES NO
(If yes, please be sure to enter your email address above)

Please send this form with your check to:
Racing for Orphans with Down Syndrome
2785 Wrights Road, Suite 1129
Oviedo, FL 32765

Attach Check Here