

RODS Donation by Check

Donor Name: _____

Business Donor Name: _____

If applicable

Email: _____

Donation on behalf of: _____

RODS Team Member

Event Name: _____

If applicable

Comments: FOR ORPHANS WITH DOWN SYNDROME

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
3125 N Main St., Suite 102
North Logan, UT 84341

Attach Check Here